

Name
in
Full

Waring W. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Pomfret		Town 6 Charles County		MARYLAND	
Date of death 1904 July 25	Month July	Day 25	Years —	Months 6	Days —
Sex Male	Color or Race white	Age —		Birth-place Otter Creek	
Occupation —		Where Residing if not at place of death at place of death			
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Lemuel P. Adams			Father's Birthplace Ned.		
Mother's Maiden Name Mary D. Wade			Mother's Birthplace Ned.		
Name of person giving Information L. P. Adams			How related to deceased Father		

CAUSES OF DEATH

(DK)

PHYSICIAN
OR CORONER

Primary

Stroke of Brain

How long

Three day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

**John P. Marshall
Drury**Accident or Suicide? **no**



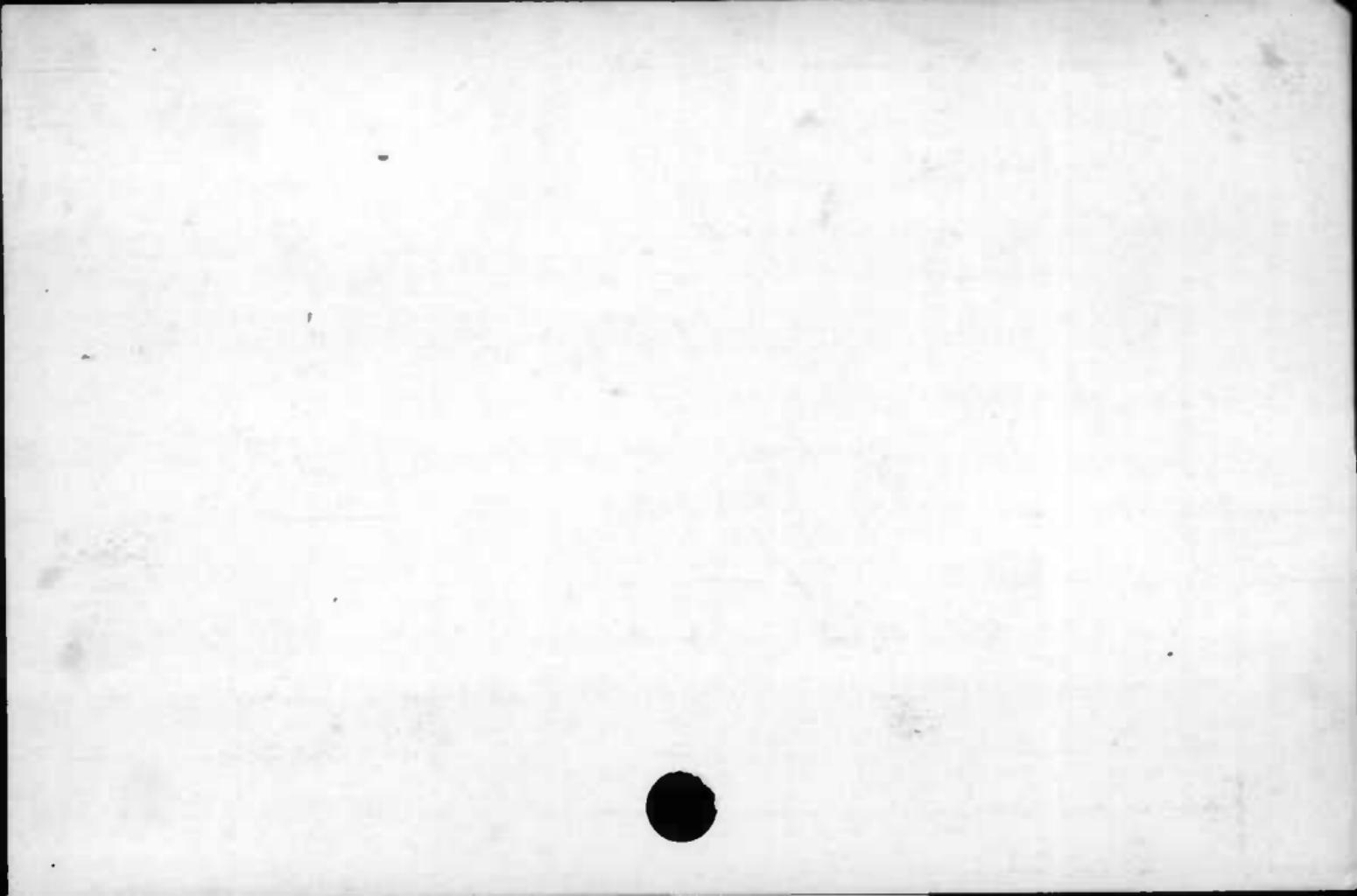
Aloysius Bowman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	19	58		
Sex	Color or Race	Birthplace			
male	colored	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lainie Bowman			
Father's Name	John Bowman				
Mother's Maiden Name	Henry Bowens				
Name of person giving information	Charles Bowman				
Father's Birthplace	Md				
Mother's Birthplace	Md				
How related to deceased	Brother				

CAUSES OF DEATH

Primary	Typhoid Fever		①	How long
Immediate	Intestinal Hemorrhage			3 months
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	S. C. Lannidus,
			Address	Bryantton Md
Accident or Suicide?				



Name
in
Full

John Andrew Boanman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

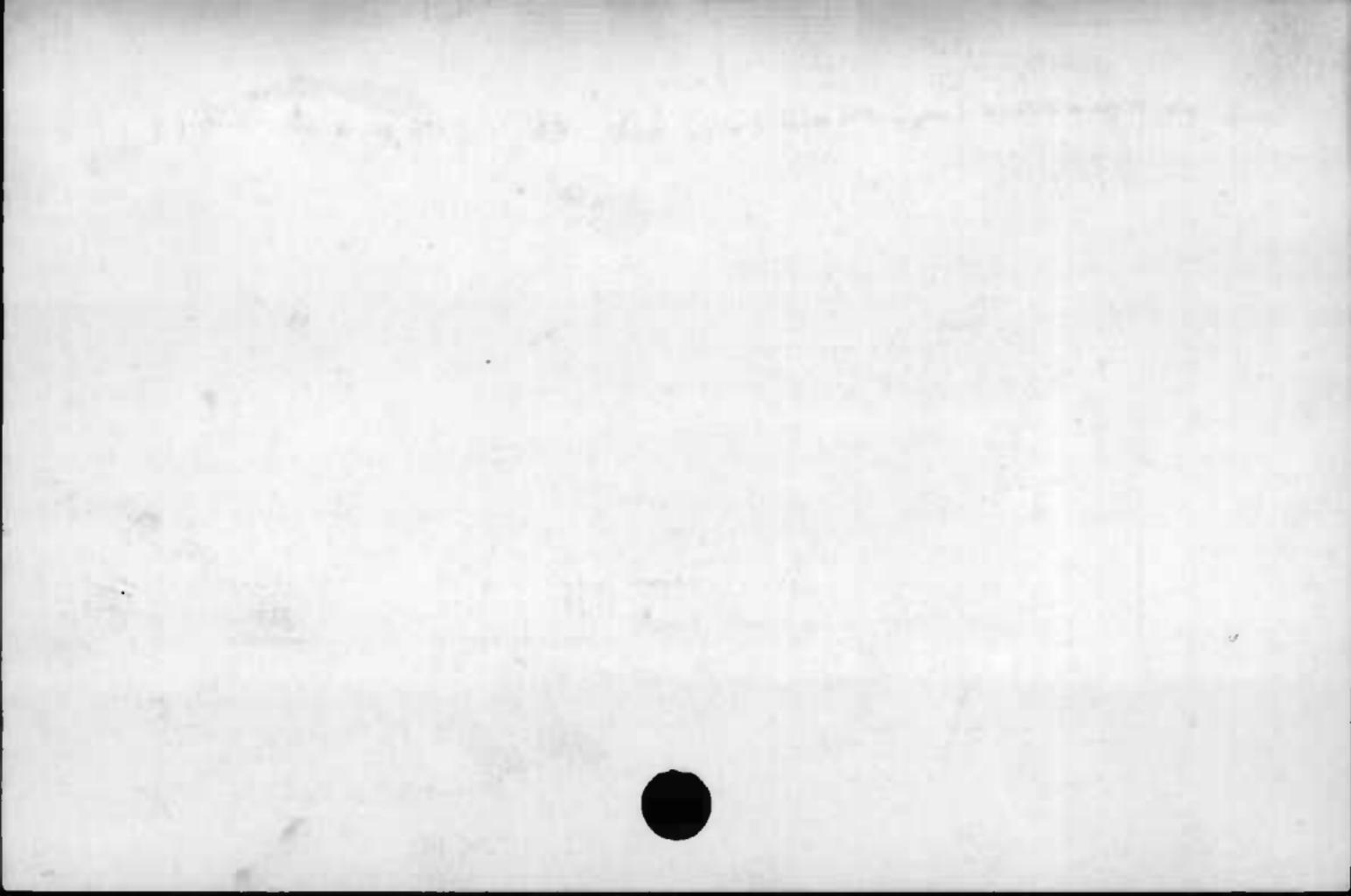
Died at New York		Town	County		Charles MARYLAND		
Date of death	1906	Month 7	Day 22	Years 54	Months 7	Days 5	
Sex Male	Color or Race White	Birth-place		Texas Co Md.			
Occupation Farmer	Where Residing if not at place of death		—				
Married, Single or Widowed Married	Name of Wife or Husband Mary S. Boanman	Father's Birthplace		Clay Co Md.			
Father's Name John Boanman	Mother's Birthplace		—				
Mother's Maiden Name Not given	How related to deceased		Son				
Name of person giving Information B A Boanman							

CAUSES OF DEATH

25

PHYSICIAN
OR CORONER

Primary Prostatic Trouble	How long Two years
Immediate Urinary & Severe degeneration	How long One week
Are the name, age, sex, color, date and place correctly given above? according to information given	Signature of Physician C F Cecil M.D. Address Wisconsin Md.
Accident or Suicide?	



Name
in
Full

Wilmer Boardford

CERTIFICATE OF DEATH

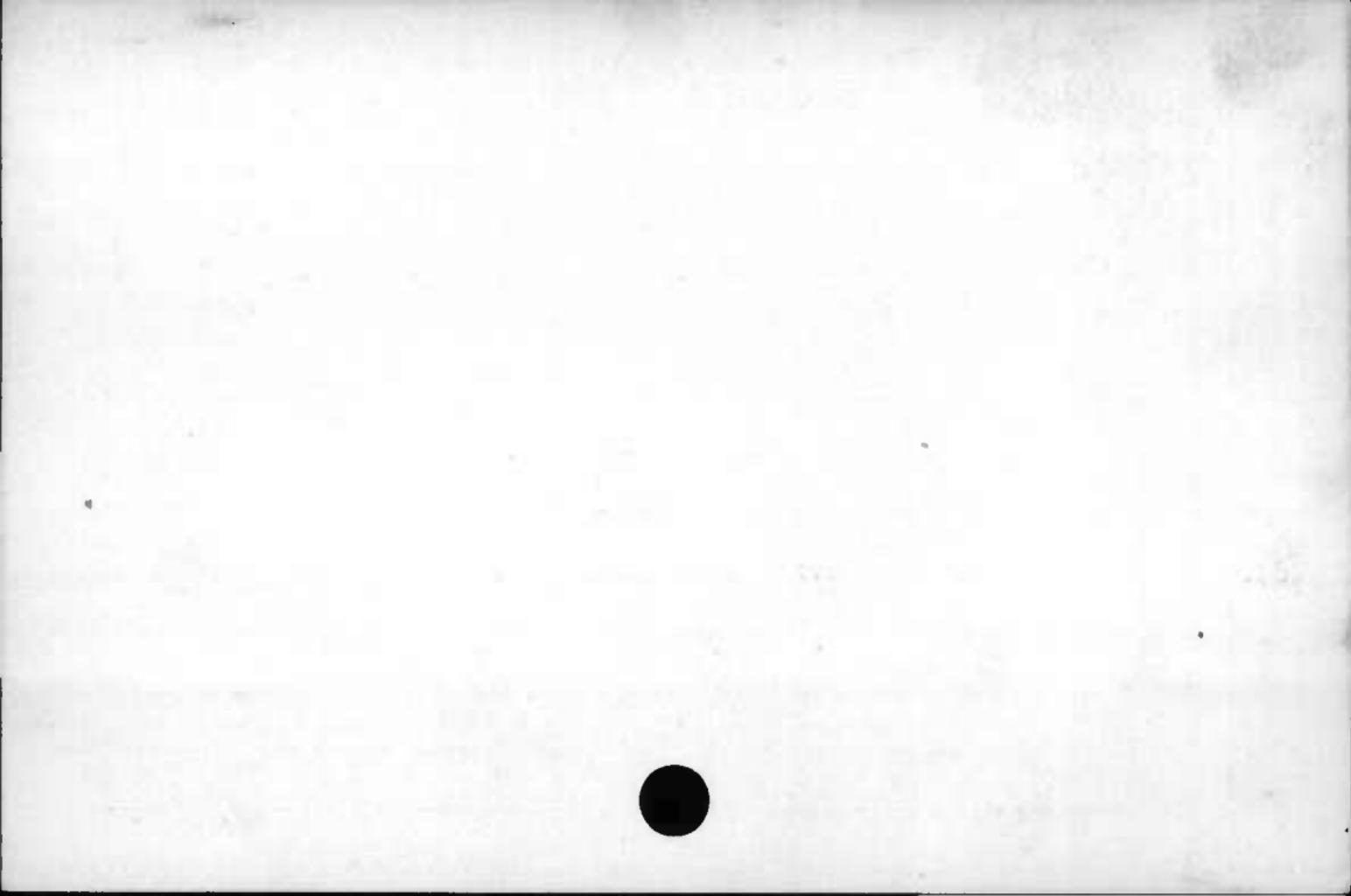
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month July	Day 20	Years	Months	Days
Sex male	Color or Race white	Occupation Inbank	Birth- place Baltimore		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Frank Boardford			Father's Birthplace Baltimore		
Mother's Maiden Name Lorraine			Mother's Birthplace Baltimore		
Name of person giving Information Frank Boardford	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Moratorium	How long 2 months
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. L. Lorraine M.D.
Address Bryantown Md.	
Accident or Suicide?	



Name
In
Full

Elizabeth Emily Bowles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month July	Day 1	Years 38	Months —	Days —
Sex Female	Color or Race White	Birth-place Reed			
Married, Single or Widowed	Occupation Housewife				
Name of Wife or Husband	Theophilus Bowles				
Father's Name	Gilbert Becker	Father's Birthplace Reed			
Mother's Maiden Name	Mary Busic	Mother's Birthplace Reed			
Name of person giving Information	Theo. Bowles	How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	
Immediate	Sudden	
Are the name, age, sex, color, date and place correctly given above?	Yes	How long How long
Signature of Physician	L. S. Barnes,	
Address	Bryantown, Md.	
Accident or Suicide?		



Name
in
Full

Elizabeth Briscoe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	58	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Frank Briscoe			
Father's Name	Hugh Bowman	Father's Birthplace	Maryland		
Mother's Maiden Name	Mary Bowman	Mother's Birthplace	Maryland		
Name of person giving information	Frank Briscoe	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	(41)	How long	8 mos
Immediate	Heart Disease		How long	3 mos
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. L. Bicknell,	
		Address	Pisgah, Md.	
Accident or Suicide?				



Name
in
Full

Rachel. Carroll.

CERTIFICATE OF DEATH

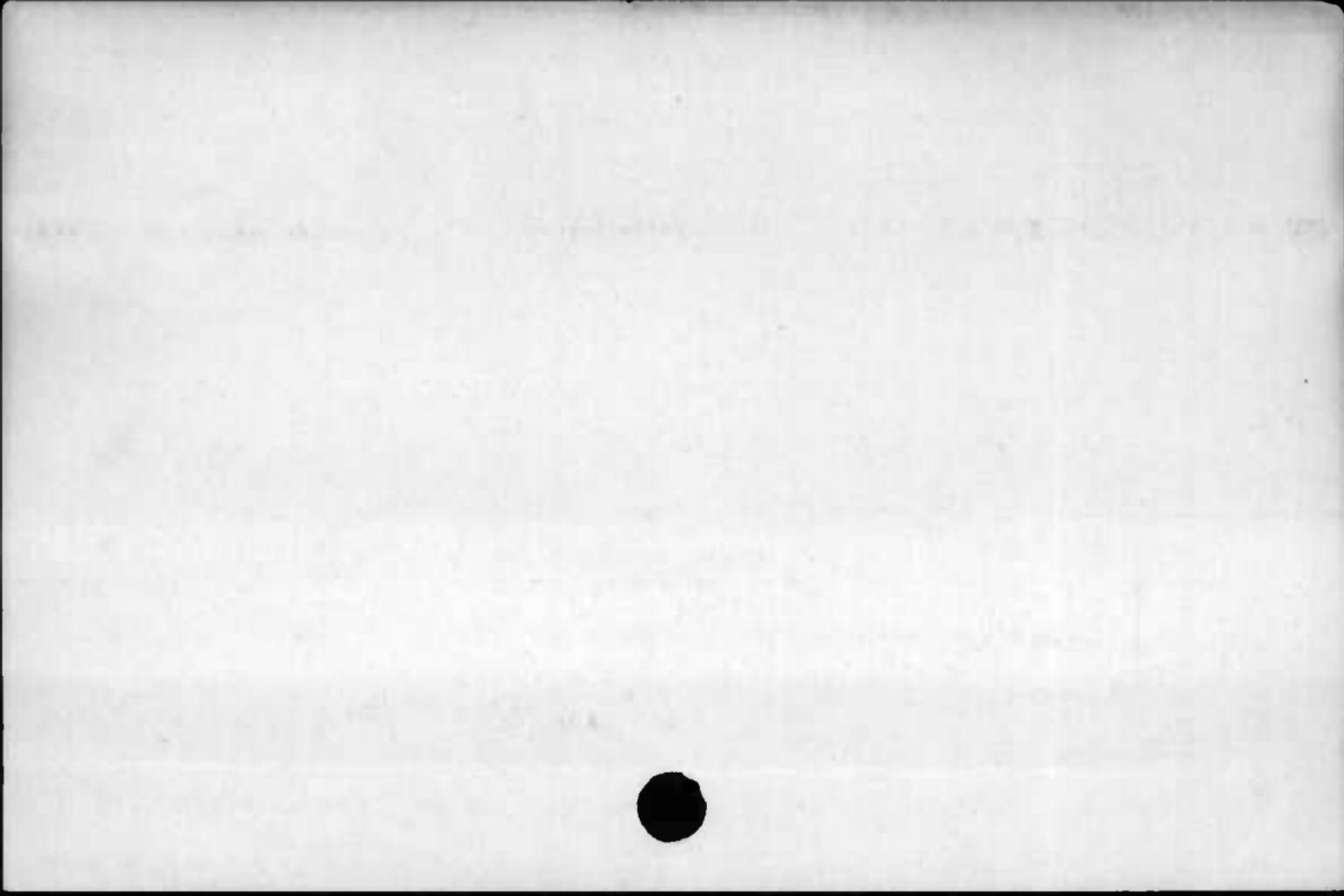
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	charles	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	July	1	Age		3
Sex	Color or Race	Birth-place			
Female	Black	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel. Carroll.				
Mother's Maiden Name	Fancy Dorsey				
Name of person giving Information	Samuel. Carroll.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spasmodic	(1)	How long	1 day
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James. Jr. Wheeler	
		Address	Sub. Registrar.	
Accident or Suicide?				



Name
in
Full

Mary Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Penns Valley</u>		Town	County <u>Charles</u>		MARYLAND	
Date of death <u>1906 July 10</u>	Month	Day	Years <u>2</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Char. Co. Md.</u>				
Occupation <u> </u>	Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Basil E. Clark</u>	Father's Birthplace <u>Char Co. Md.</u>					
Mother's Maiden Name <u>Eelia E. Campbell</u>	Mother's Birthplace <u>Char Co. Md.</u>					
Name of person giving Information <u>Basil E. Clark</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stev. Colitis

(106)

How long

Three Weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. W. Mitchell M.D.
Penns Valley Md.

Accident or Suicide?

No

79



Name
in
Full

Aubrey Coy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pooleys Pt.</u>		Town	County <u>Elkton</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>19</u>	Years	Months	Days	<u>6</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Elk Co Md</u>				
Occupation	Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Charles H. Coy</u>	Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Amy M. Coy</u>	Mother's Birthplace <u>Ind</u>					
Name of person giving information <u>B.W. Spaulding</u>	How related to deceased <u>Grandfather</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

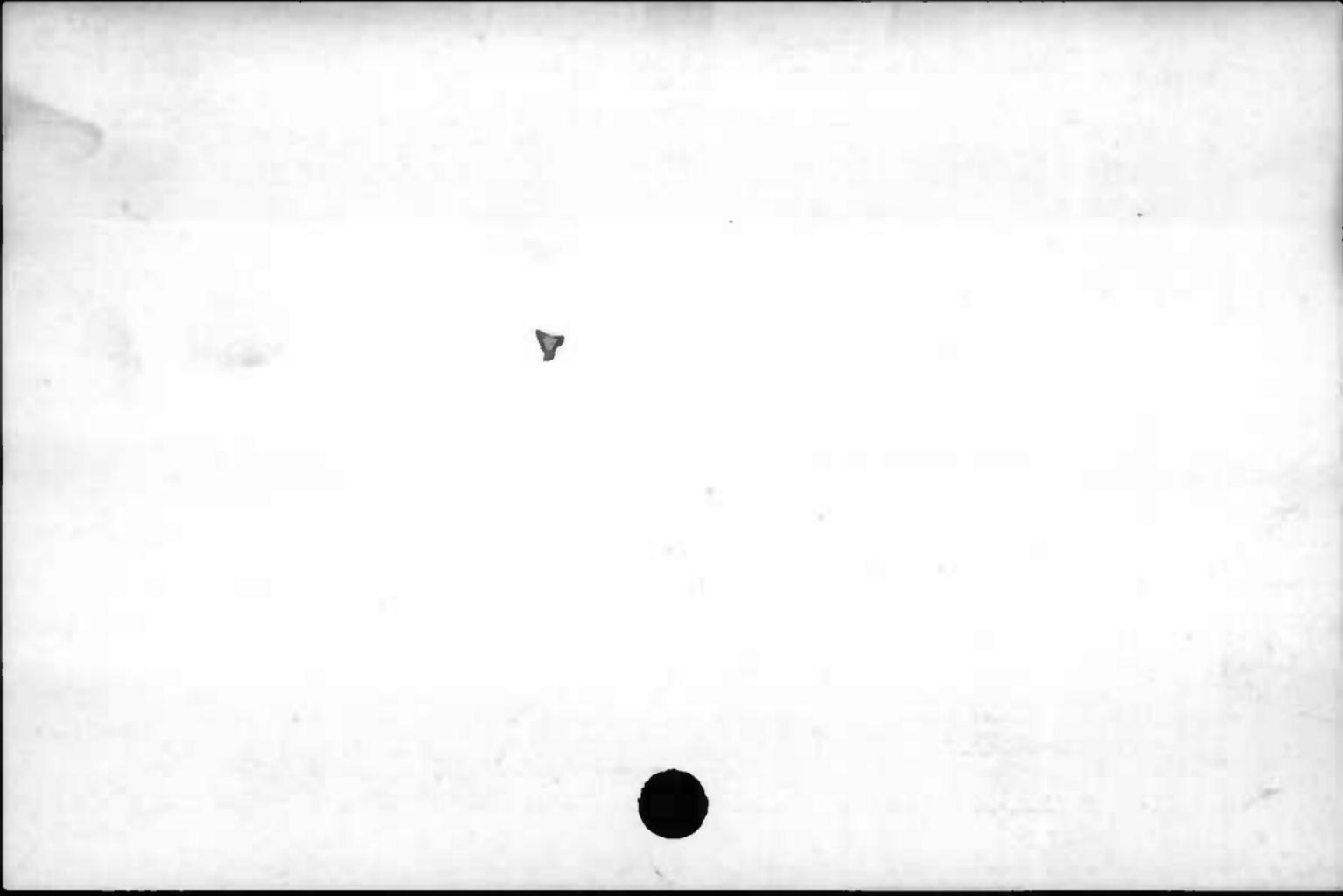
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

105
8 over
J. P. Marshall
Pooleys Pt.
Elk Co Md



Name
in
Full

Florence Auberta Deant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Donegall</u> Town <u>Charles</u> County			MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>29</u>	Years	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Elias Deant</u>				
Mother's Maiden Name	<u>earlie Simpson</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping cough (8) How long
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

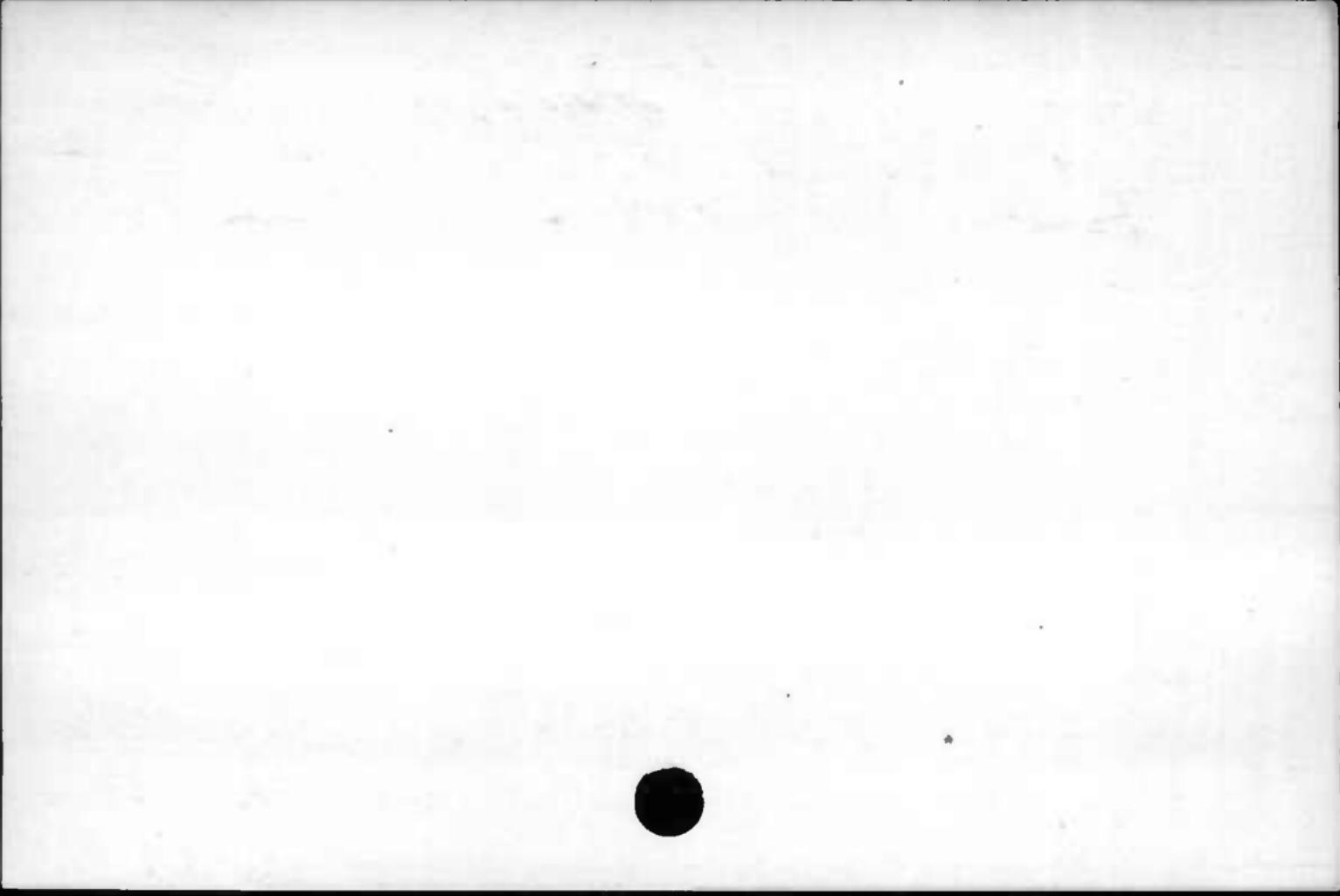
Yes

Signature of Physician

Address

James M. Wheeler,
Sub Registrar

Accident or Suicide?



Name
in
Full

William Dent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Charles		County	
Died at	near Waldorf	Month	July	Day
Date of death	1906	Age	56	Years
Sex	Male	Color or Race	colored	Birth-place
Occupation	Laborer	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Thomas Dent			Father's Birthplace
Mother's Maiden Name	Winnie A. McPherson			Mother's Birthplace
Name of person giving information	Olivia Brown			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebritis
Exhaustion

160

How long

10 Days

Immediate

Shot while

Are the name, age, sex, color, date and place correctly given above?

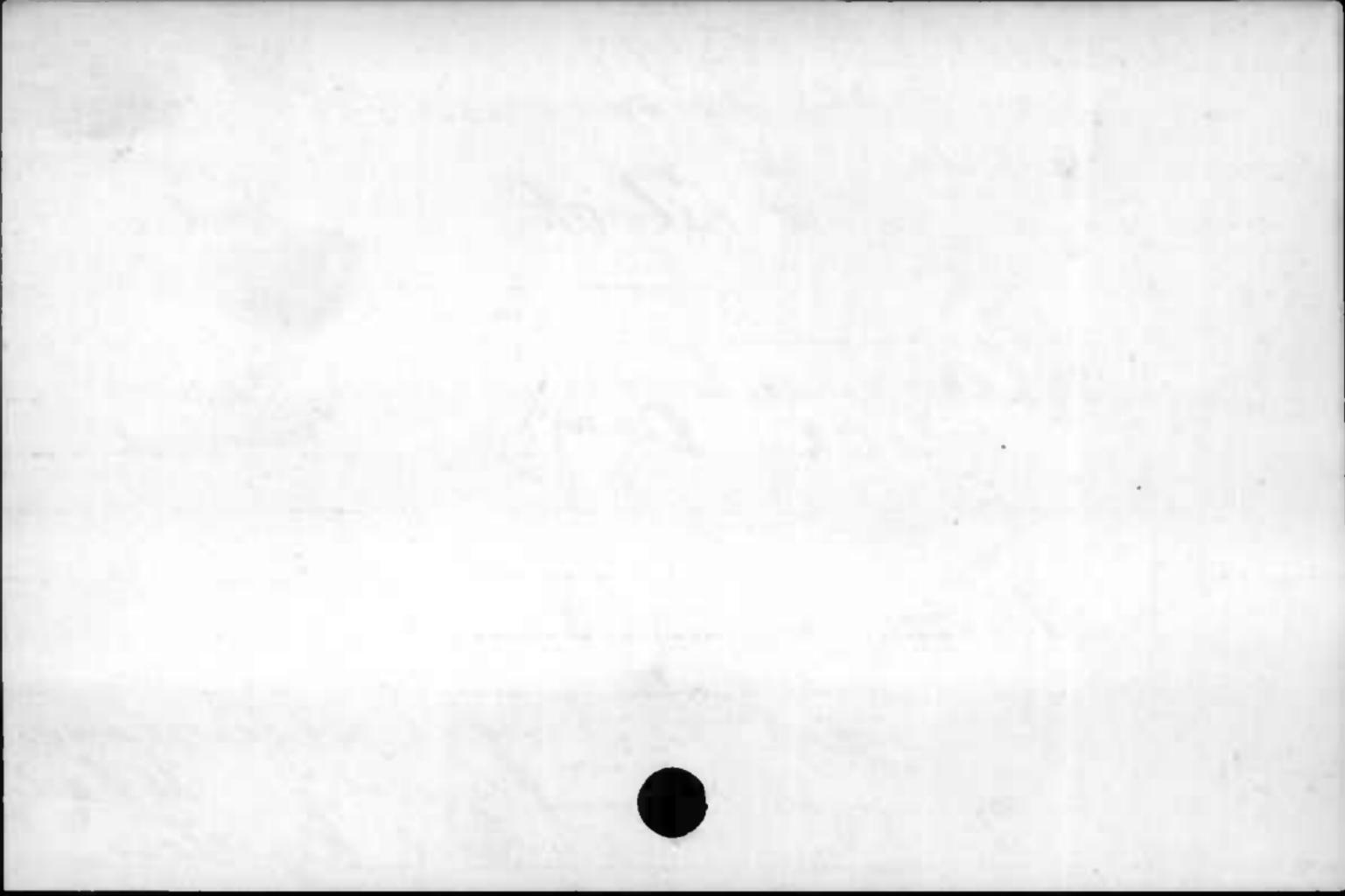
yes

Signature of Physician

Address

G.O. Monroe M.D.
Waldorf
Md

Accident or Suicide



Name
in
Full

Annie Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near cross Roads,	Charles			
Date of death	Month	Day	Years	Months	Days
1906	July	26	Age	1	7
Sex	Female	Color or Race	Black	Birth-place	Quid
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alexander, Dorsey				
Mother's Maiden Name	alice Dorsey				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Whooping cough ⑧

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

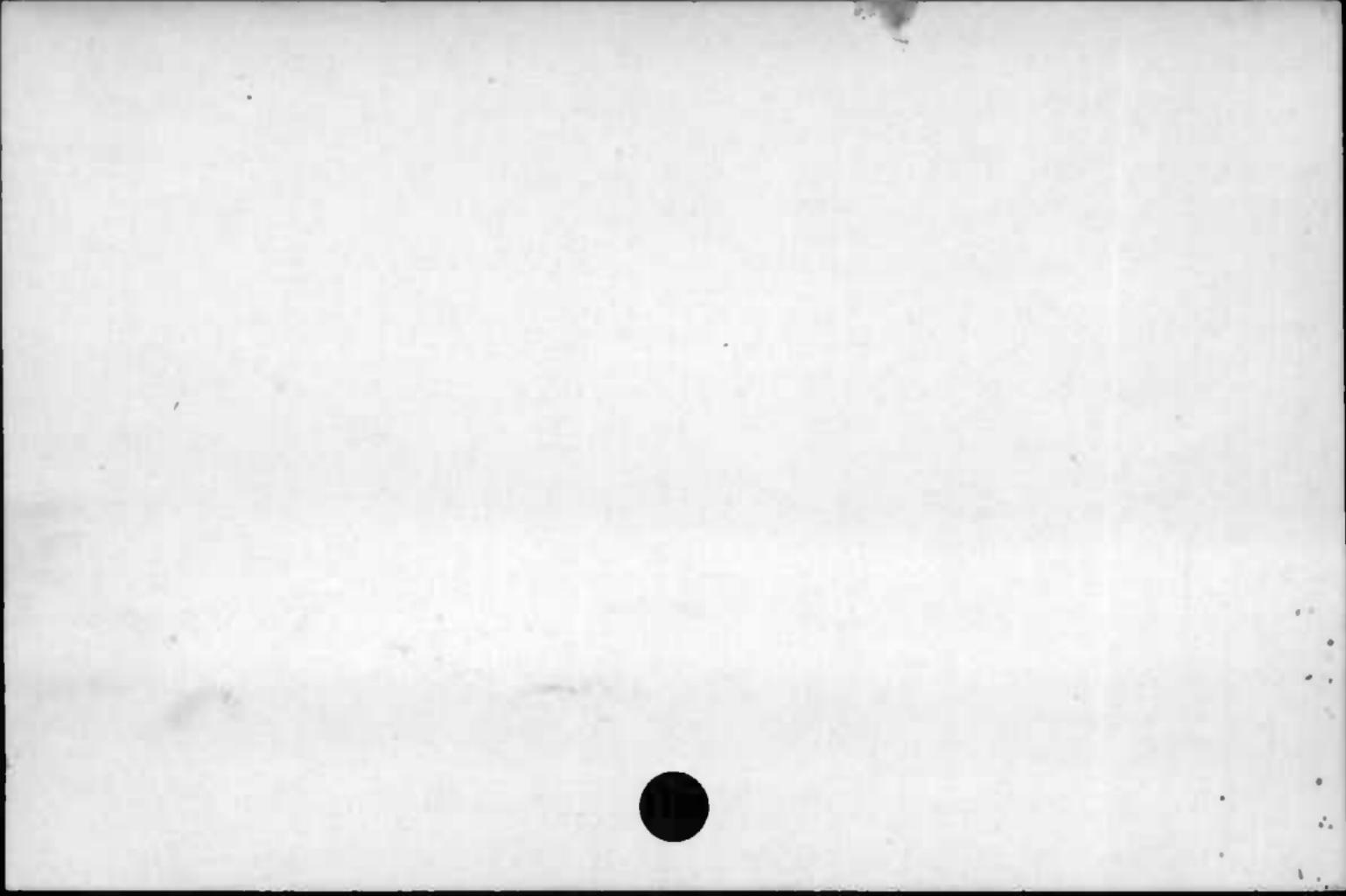
Signature of Physician

Address

None attendance
Jameson Wherry
But Registrar

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Margarett S Franklin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Husekiah Franklin		
Father's Name	Isaac Bowie		Father's Birthplace	Md.	
Mother's Maiden Name	Betsie Bullman		Mother's Birthplace	Md.	
Name of person giving information	Jas. A Bowie		How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

154

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yea

Signature of Physician

None in attendance

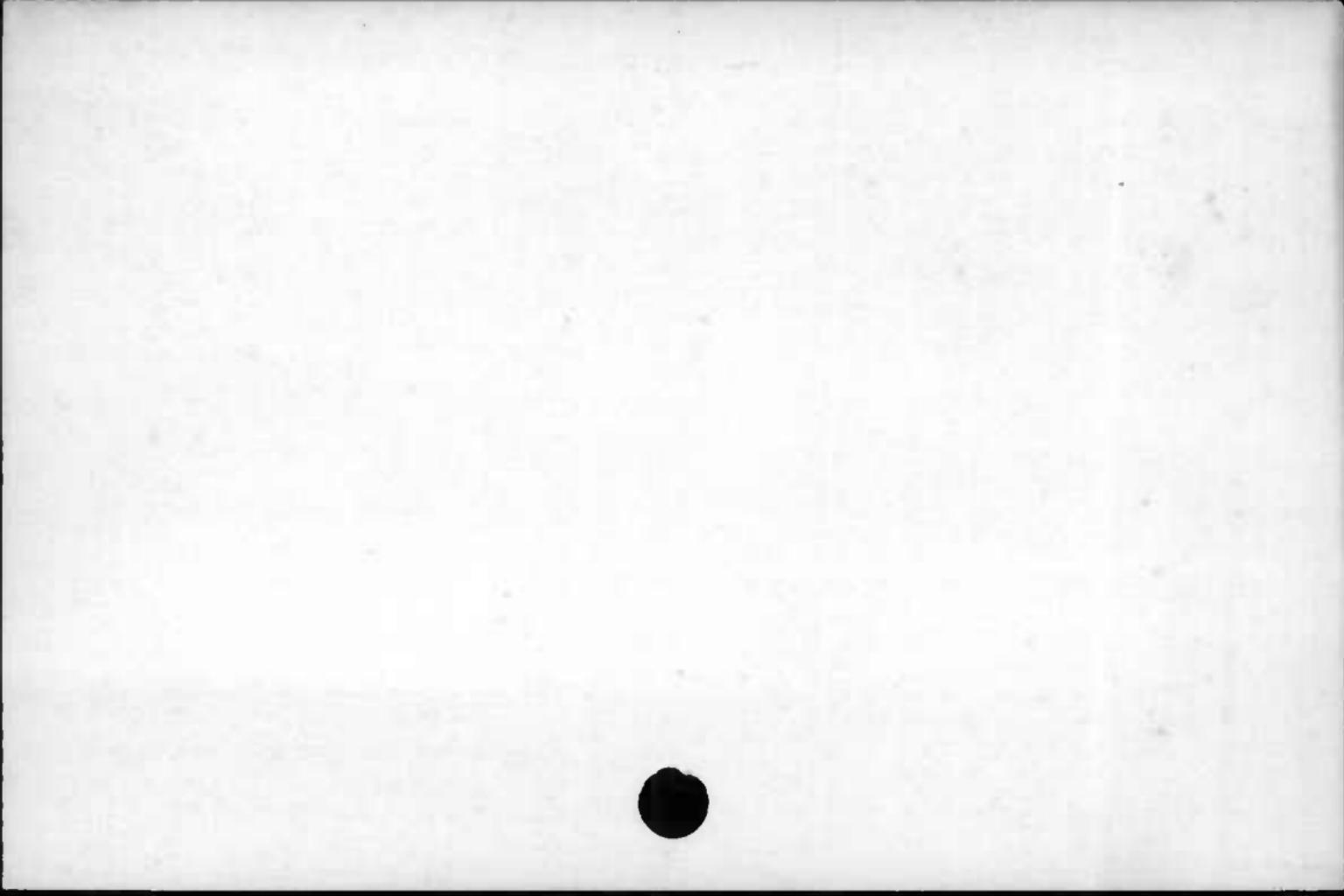
Charles Carpenter

Address

Bogaltimore Md.

Accident or Suicide?

Sub Regstr



Name
in
Full

Robert Malbery French

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	near River Sides	County		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Black		Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William French			Father's Birthplace	Ind
Mother's Maiden Name	Alice Tolerson			Mother's Birthplace	Ind
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(8)

How long

Immediate

Whooping cough

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James M Wheeler,
Sub Registrar

Accident or Suicide?

This Card was
Misslaid

Name
In
Full

William Albert Hagen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Hagen					Father's Birthplace
Mother's Maiden Name	Anna Stewart					Mother's Birthplace
Name of person giving information	Anna Stewart					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum 15 days

How long

Immediate

Gyhnastion 15 short while

How long

Are the name, age, sex, color, date and place correctly given above?

yes

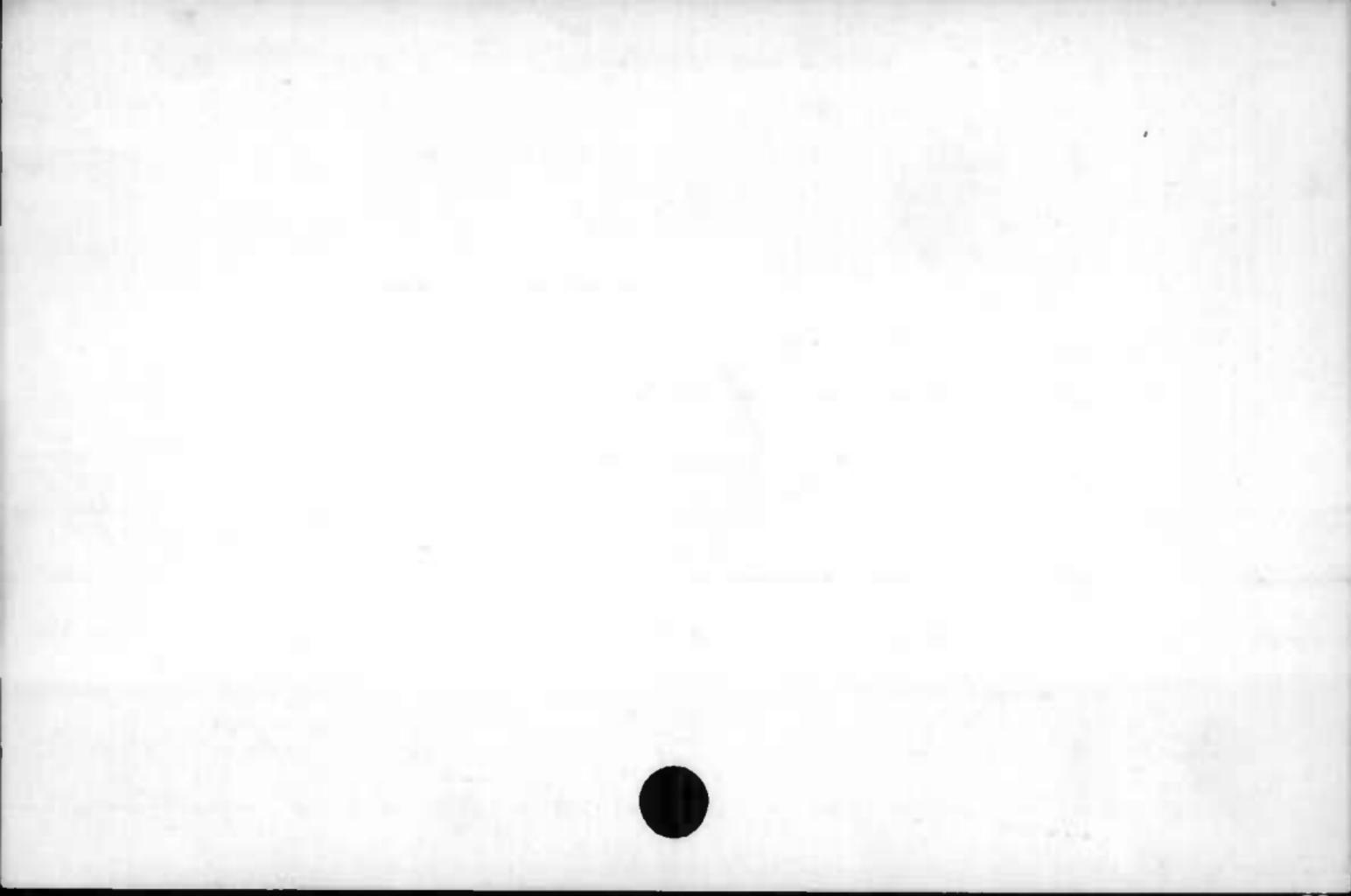
Signature of Physician

Address

G. O' Connor

Waldorf

Homicide or Suicide?



Name
in
Full

Nancy Monroe Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Willie R. Hamilton	Father's Birthplace	md
Mother's Maiden Name	Ada Sovort	Mother's Birthplace	md
Name of person giving information	Willie R. Hamilton	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malassimilation

(70) How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

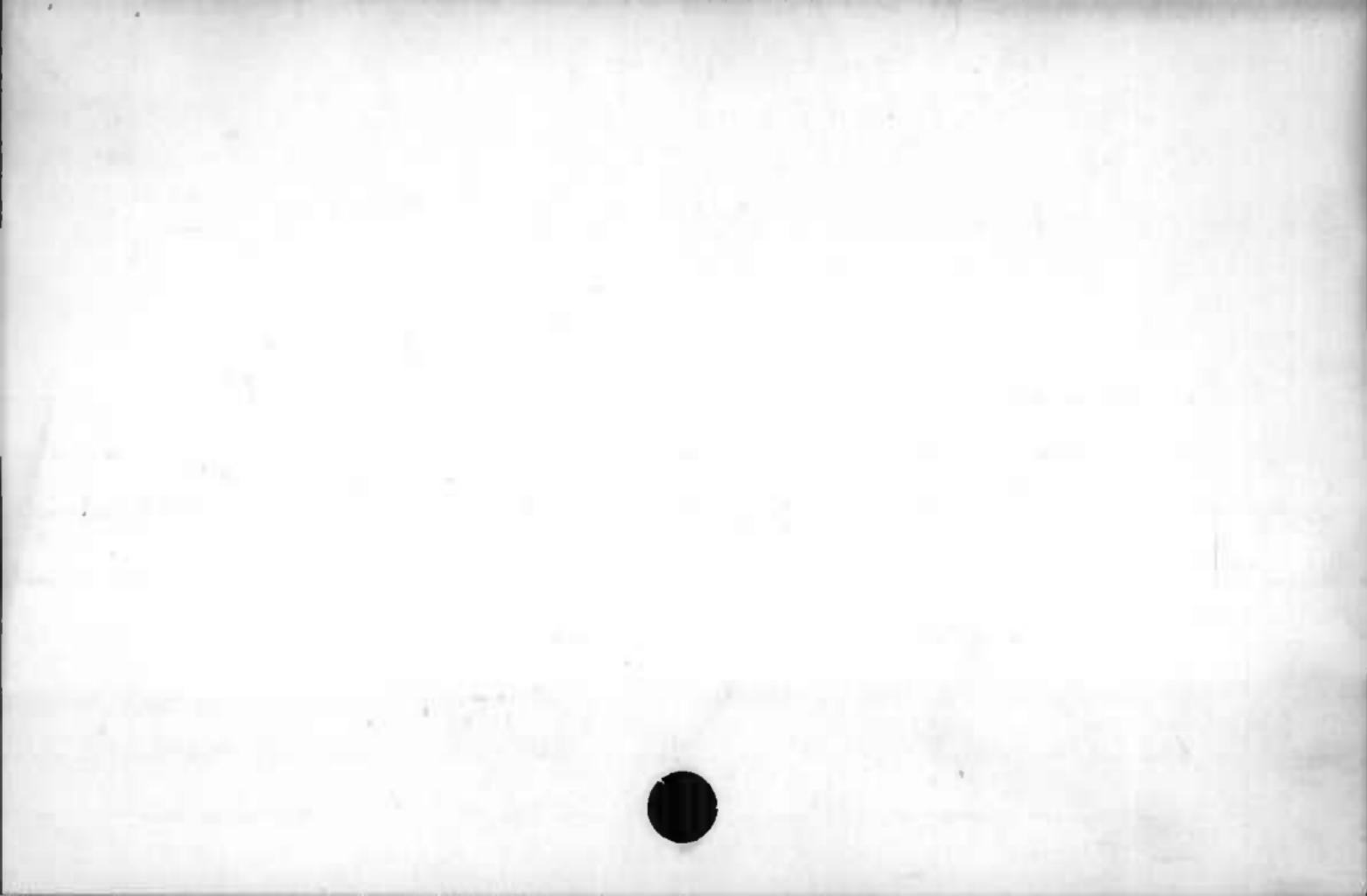
Yes

Signature of Physician

Address

G. O. Monroe M.D.
Waldorf
md

Accident or Suicide?



Name
in
Full

Clarance B. Harday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1906 July

30

Age

6

21

Sex

Male

Color or
Race

white

Birth-
place

Char. Co. Md.

Occupation

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles B. Harday

Father's
Birthplace

Char. Co. Md.

Mother's
Maiden Name

Bellie Hodges

Mother's
Birthplace

Char. Co. Md.

Name of person giving
Information

C. B. Harday

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

24 hours

Immediate

105

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. W. Mitchell

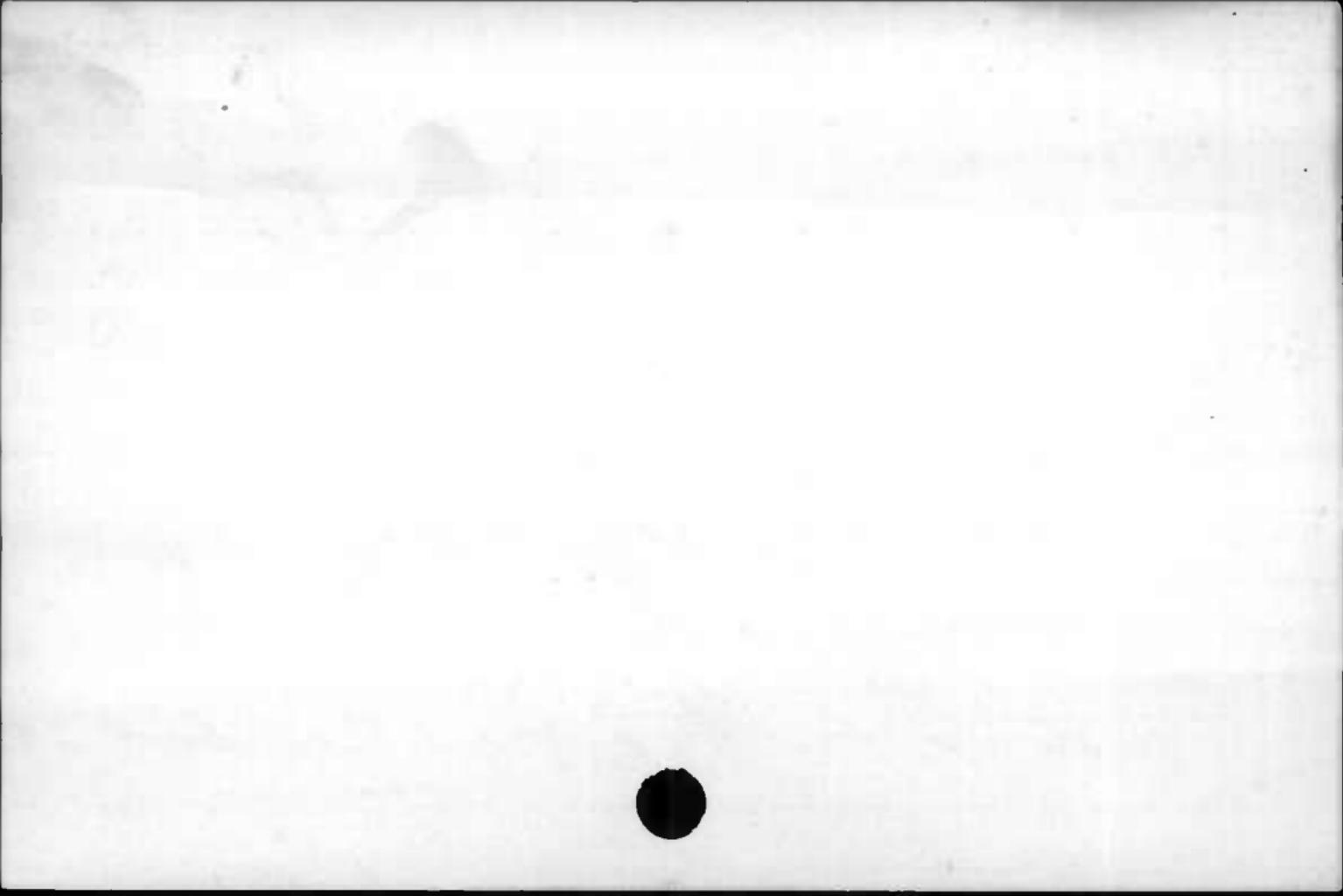
Pomona Key

Address

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

William Hammie Hawkins

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

Revere MA Chas Lee
Chas Lee
Chas Lee
Grand mother

CAUSES OF DEATH

Primary

Cholera Infantum

105

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

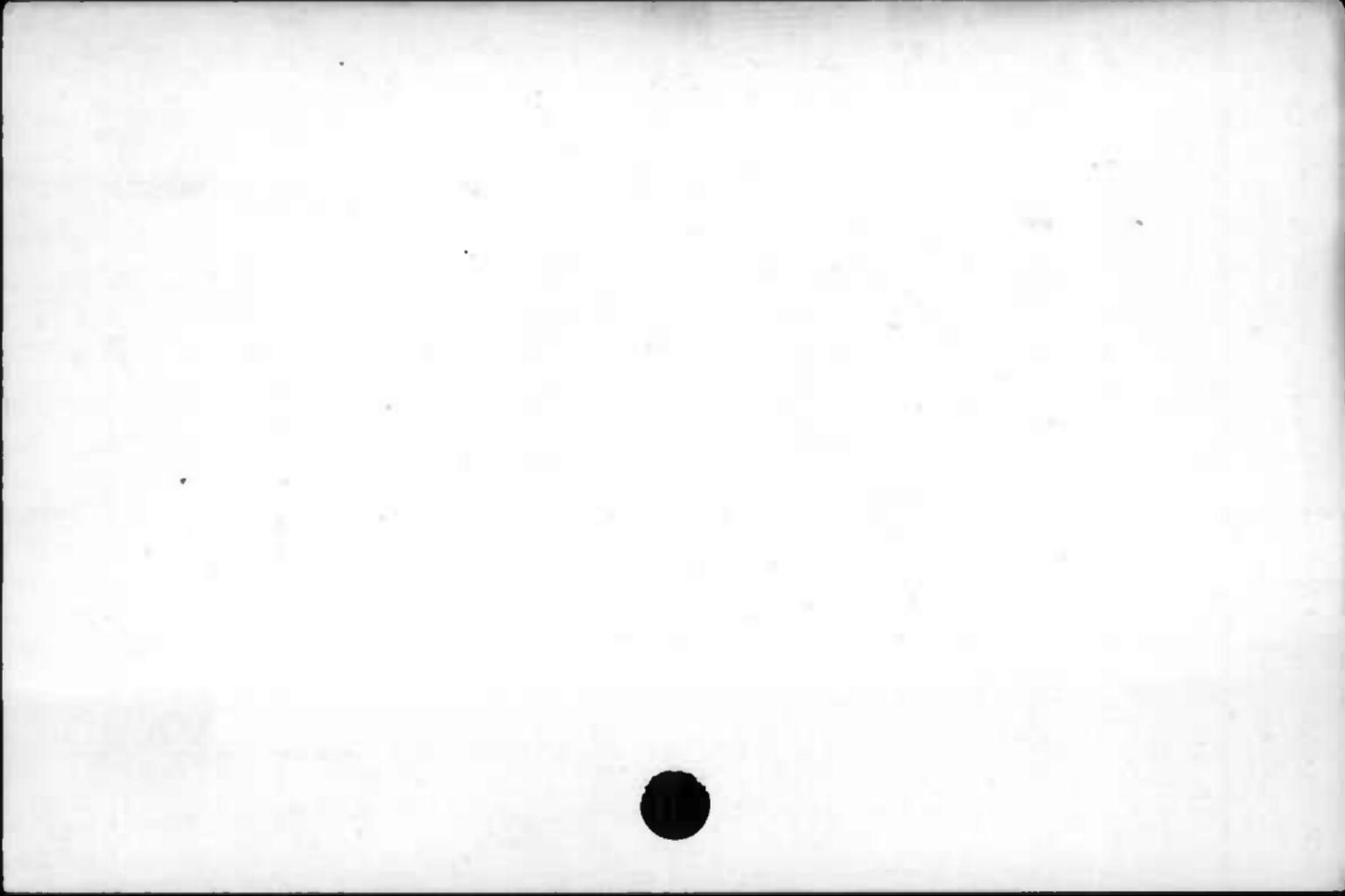
Signature of Physician

Address

W.S. Yalis (Sub R.Y.
Circumstances ma

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James T. Hand

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	—	5	2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	at place of death			
Father's Name	John Hand	Father's Birthplace	Glen Co. Md.		
Mother's Maiden Name	Martha Collier	Mother's Birthplace	Glen Co. Md.		
Name of person giving information	John Hand	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ox-Colitis

105

How long

Two weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

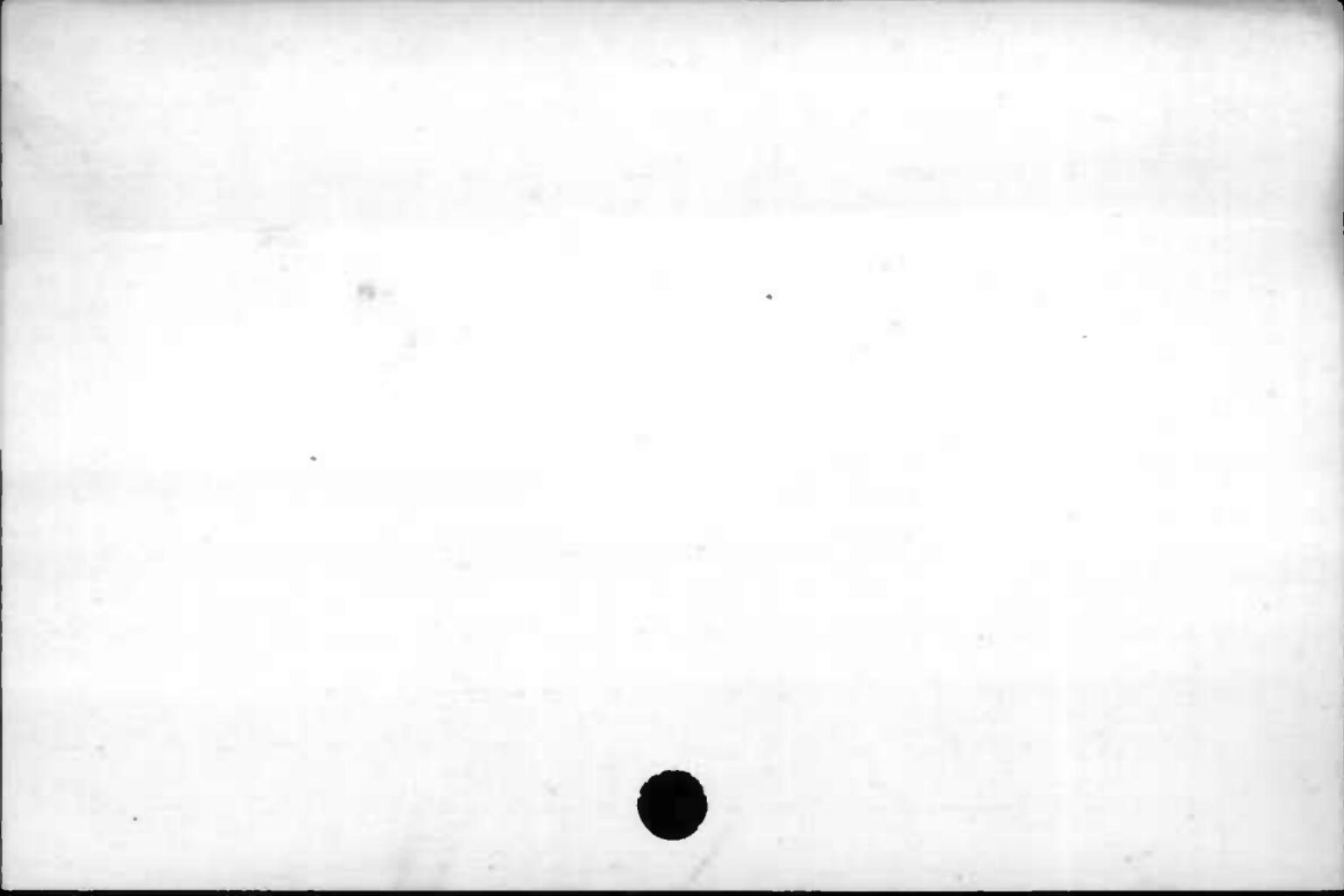
Signature of Physician

Address

J.W. Mitchell et al.
Perryville Md.

Accident or Suicide?

NO



Name
in
Full

Mary Eliz Jamison

CERTIFICATE OF DEATH

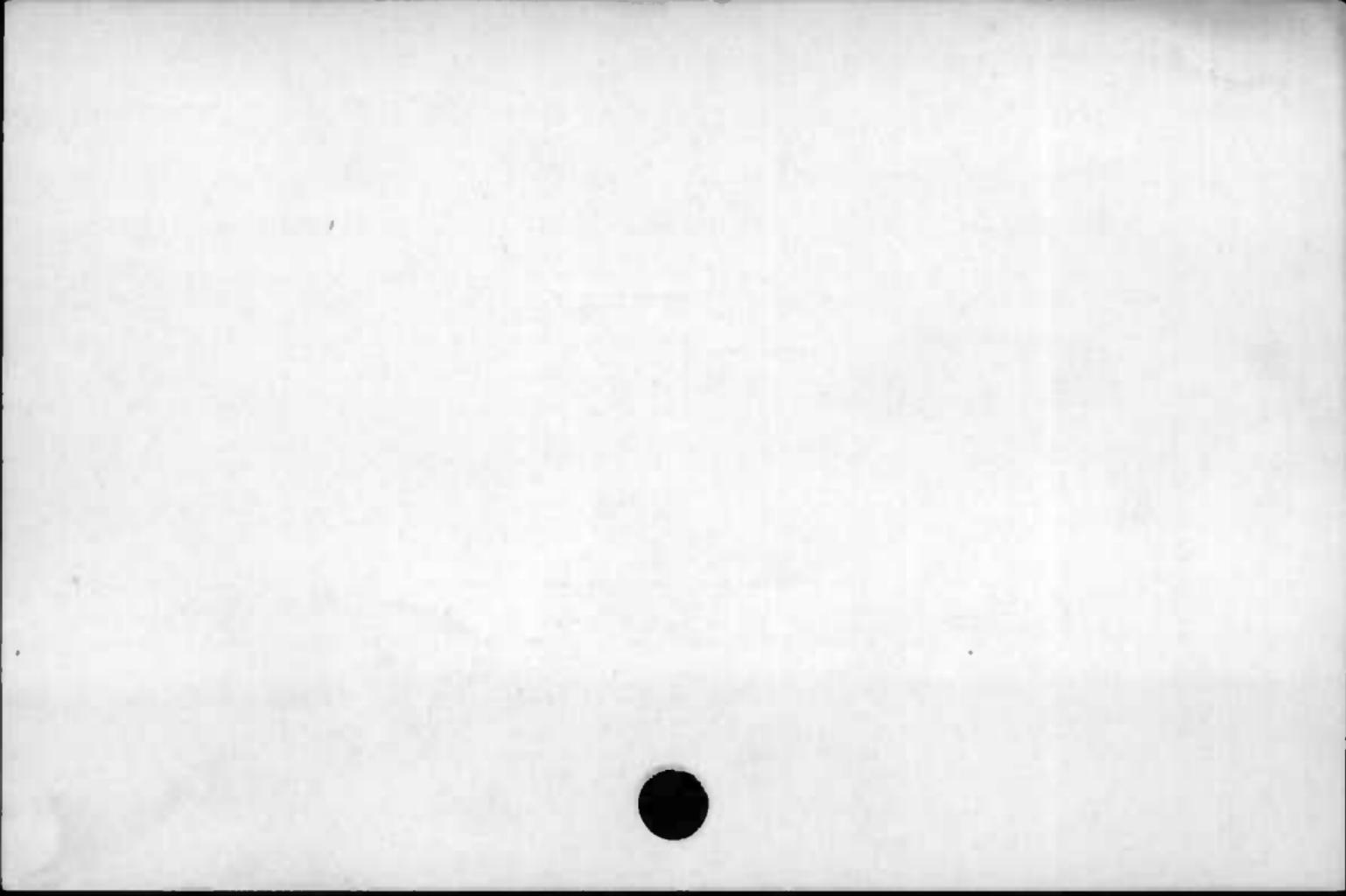
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town McClanlia	County Charles	MARYLAND		
Date of death	Month 1906 July	Day 4	Years Age 23	Months —	Days —
Sex	Female	Color or Race African	Birth- place Charles Co		
Occupation	Servant	Where Residing if not at place of death —			
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	Samuel Jamison		Father's Birthplace Charles Co		
Mother's Maiden Name	Mary W. Donermore		Mother's Birthplace Charles Co		
Name of person giving Information	Ind. Jamison		How related to deceased Foster		

CAUSES OF DEATH

Primary	Pulm. Tuberculosis		How long 1 year 2 mo.
Immediate	Tubercular Meningitis		How long 10 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician E Spencer	
		Address Bel Aire	
Accident or Suicide?			Med

PHYSICIAN
OR CORONER



Name
in
Full

James G. Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Charles			County	
Died at	Highsville	Month	July	Years	60
Date of death	1906	Month	7	Day	3
Age	60	Months		Days	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Where Residing if not at place of death Baltimore, Md.				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John W. Jenkins			Father's Birthplace	Chas. C. Md.
Mother's Maiden Name	Emily A. Gardiner			Mother's Birthplace	Chas. C. Md.
Name of person giving information	Brother			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes

56

How long

6 yrs

Immediate

General Collapse

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

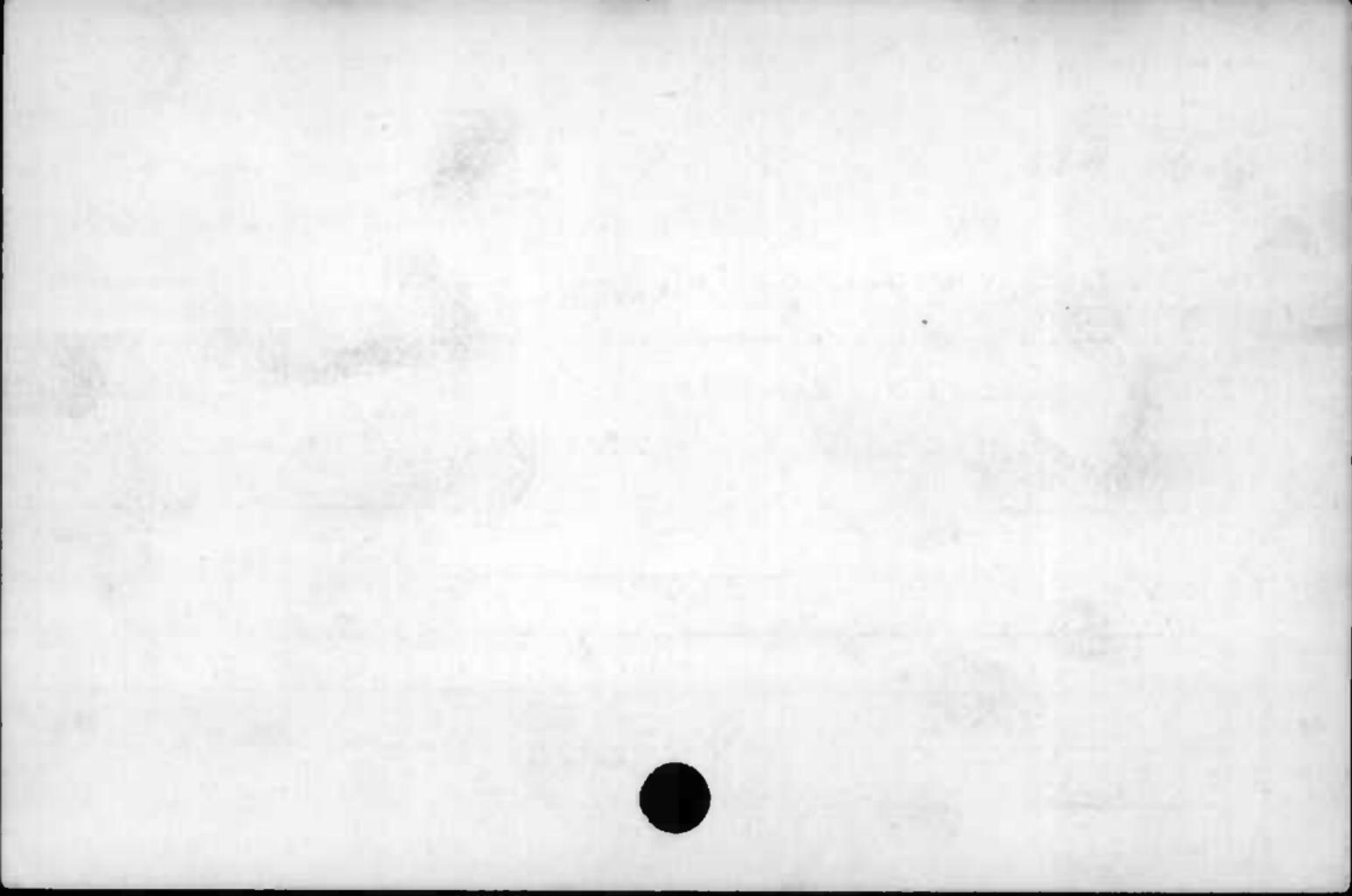
Harry C. Chappelain

Address

Highsville

Maryland

Accident or Suicide?



Name
in
Full

Emily A. Lewis

CERTIFICATE OF DEATH

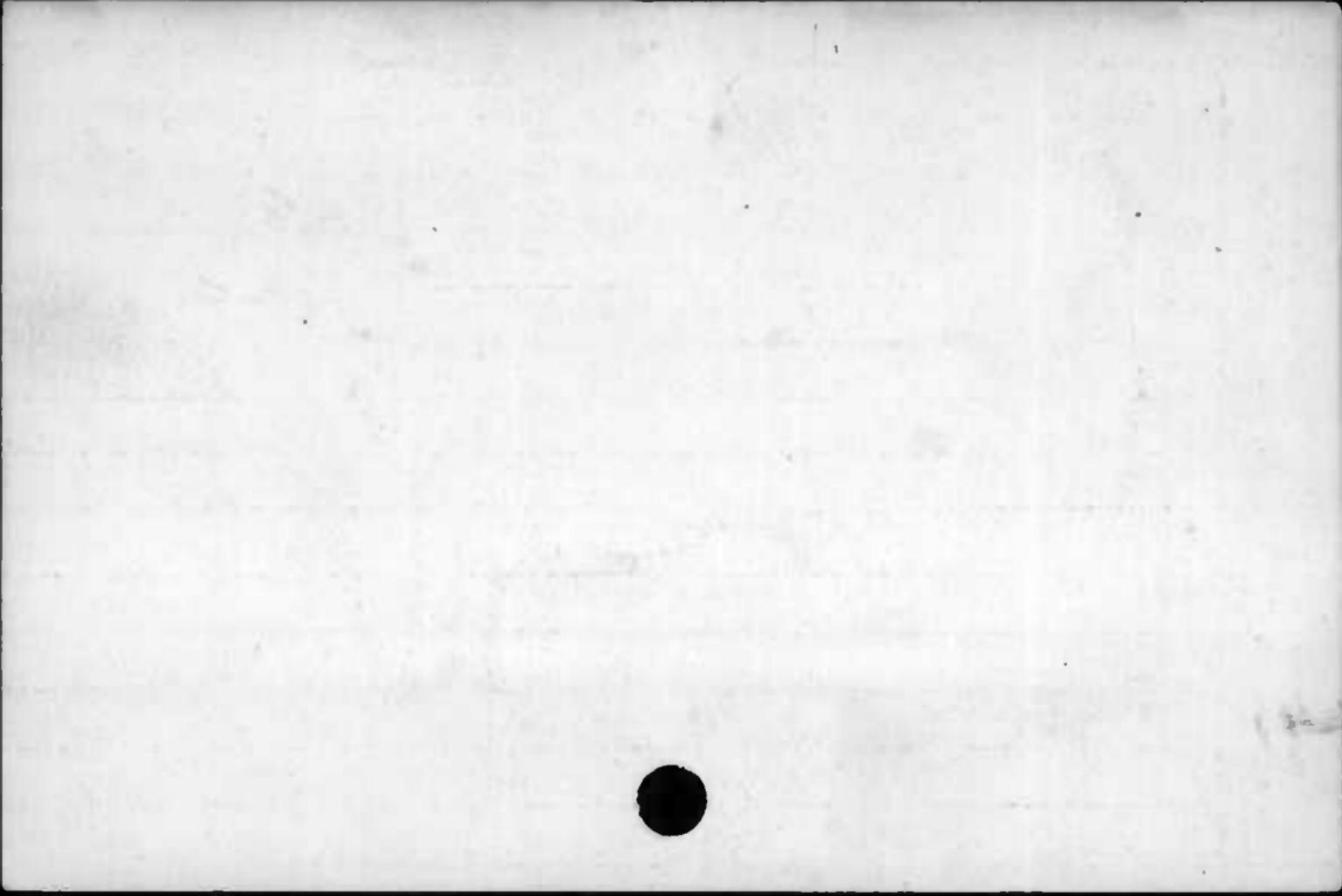
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	July	3	—
Sex	Color or Race	Age	Months Days
Female	Black	—	1 14
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Edgar Lewis	Father's Birthplace	Md
Mother's Maiden Name	Katia Brown	Mother's Birthplace	Md
Name of person giving information	Edgar Lewis	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	(104)	How long
Immediate	Spasms		How long
Are the name, age, sex, color, date and place correctly given above?	gr	Signature of Physician	H. C. Chappell and Son
		Address	Highlandview Md
Accident or Suicide?			



Name
In
Full

Pearl Elizabeth Mc Daniel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	T. Roy Mc Daniel		
Mother's Maiden Name	Mamie Hicks		
Name of person giving information	Harry Hicks		
Father's Birthplace	Md		
Mother's Birthplace	Md		
How related to deceased	Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebritis

How long

Six days.

Immediate

Exhaustion

How long

Short while

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

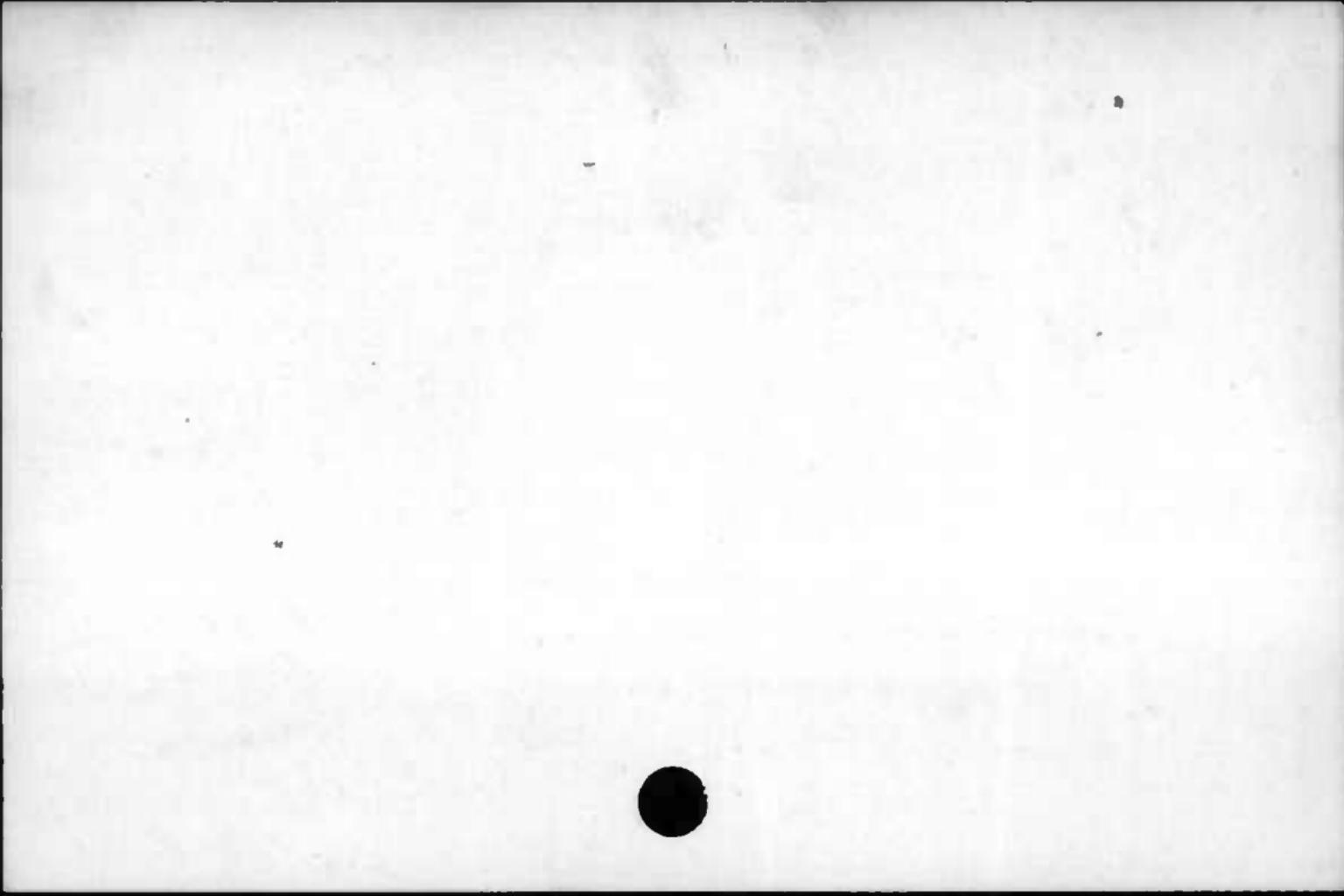
Address

G. O. Monroe M.D.

yes

Waldorf

Accident or Suicide?



Name
In
Full

Ferdinand John Maddox.

CERTIFICATE OF DEATH

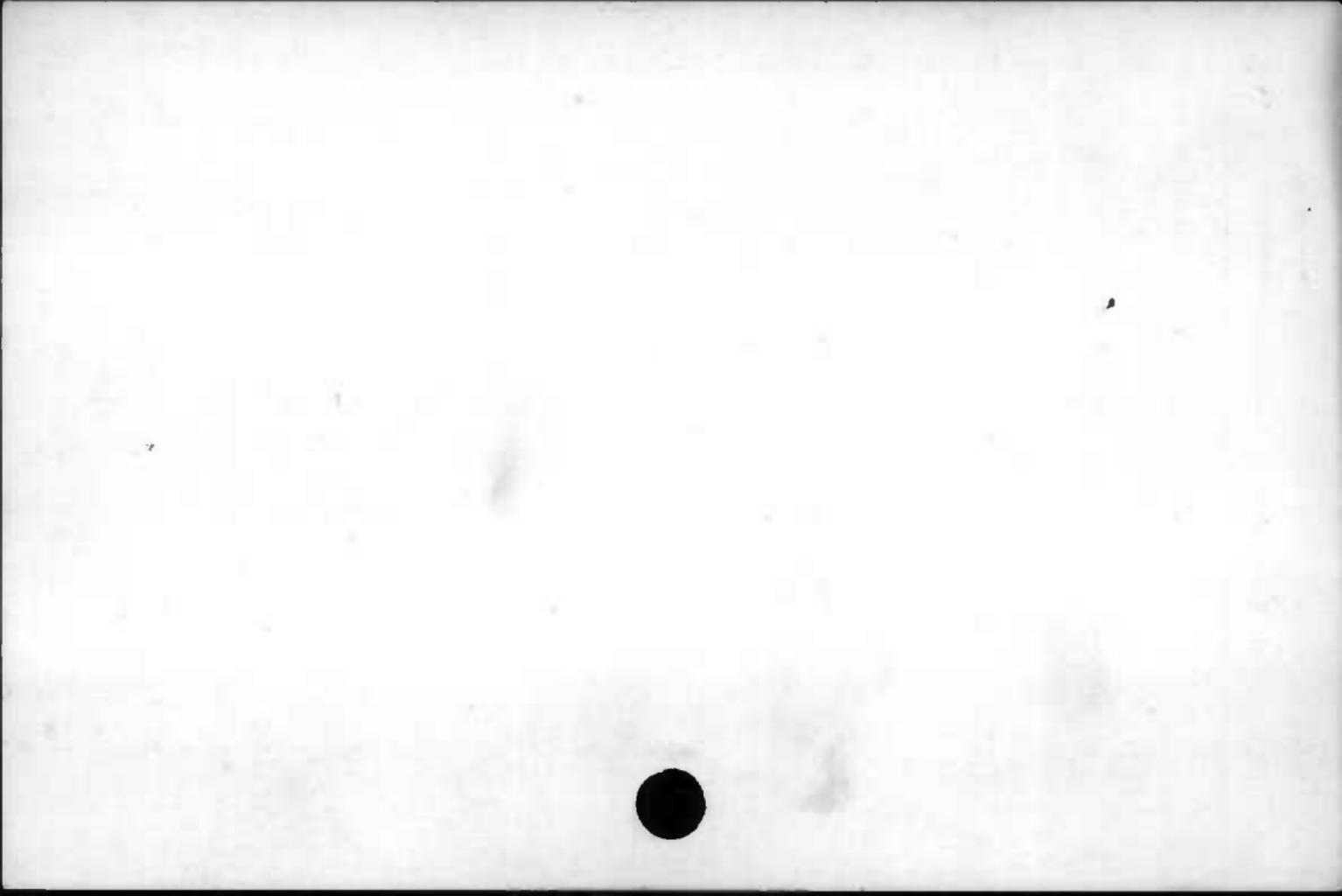
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Died at	Pesiah	Charles	
Date of death	Month	Day	Years
1906	July	13	73
Age	Color or Race	Months Days	
	white Hansons		
Sex	male	Birth-place	
Occupation	Farmer	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Arthur Maddox.	Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Nelson	Mother's Birthplace	Maryland
Name of person giving Information	F. A. M. Maddox	How related to deceased	Cousin

CAUSES OF DEATH

Primary	Atherosoma. Pyemia.	How long	4 Years
Immediate	Congestion of lungs.	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Paul L. Nauman
		Address	La Plata
Accident or Suicide?		Md.	



Name
in
Full

Elizer, Mankens

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Day	Years
1906	July	3	Age
Sex	Color or Race	Birth-place	Days
Female	Black	Ind	
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Ind
Father's Name	Alexander, Mankens.	Mother's Birthplace	Ind
Mother's Maiden Name	Jane, Tubman	How related to deceased	Ind
Name of person giving Information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

*Primary

Abcess in Head

How long

(60) about 3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

home

James M. Wheeler

Sub Registrar

Accident or Suicide?



Name
in
Full

Susan Childs of Thor Pater

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1906

Month

July 29

Day

Years

—

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Mary

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Single

—

Father's
Name

Thor.

Father's
Birthplace

Mary

Mother's
Maiden Name

Hannah Tager

Mother's
Birthplace

Mary

Name of person giving
Information

Thor Pater

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia with

How long

—

Immediate

Strangulation

How long

—

Are the name, age, sex, color, date
and place correctly given above?

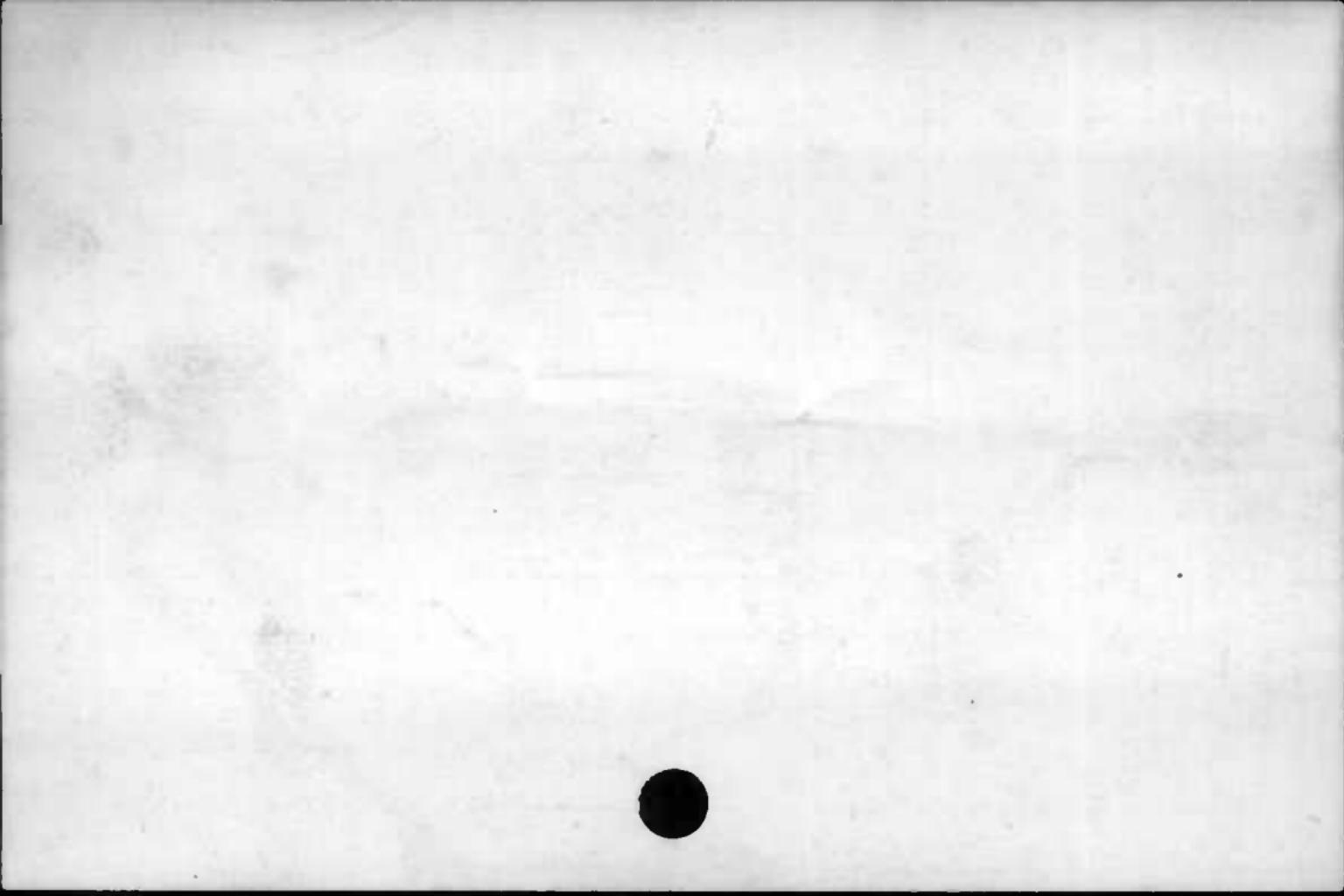
Signature of
Physician

H. C. Chappuccino

Address

Keigher Avenue

Accident or Suicide?



Name
in
Full

Perry Augustinus Power

CERTIFICATE OF DEATH

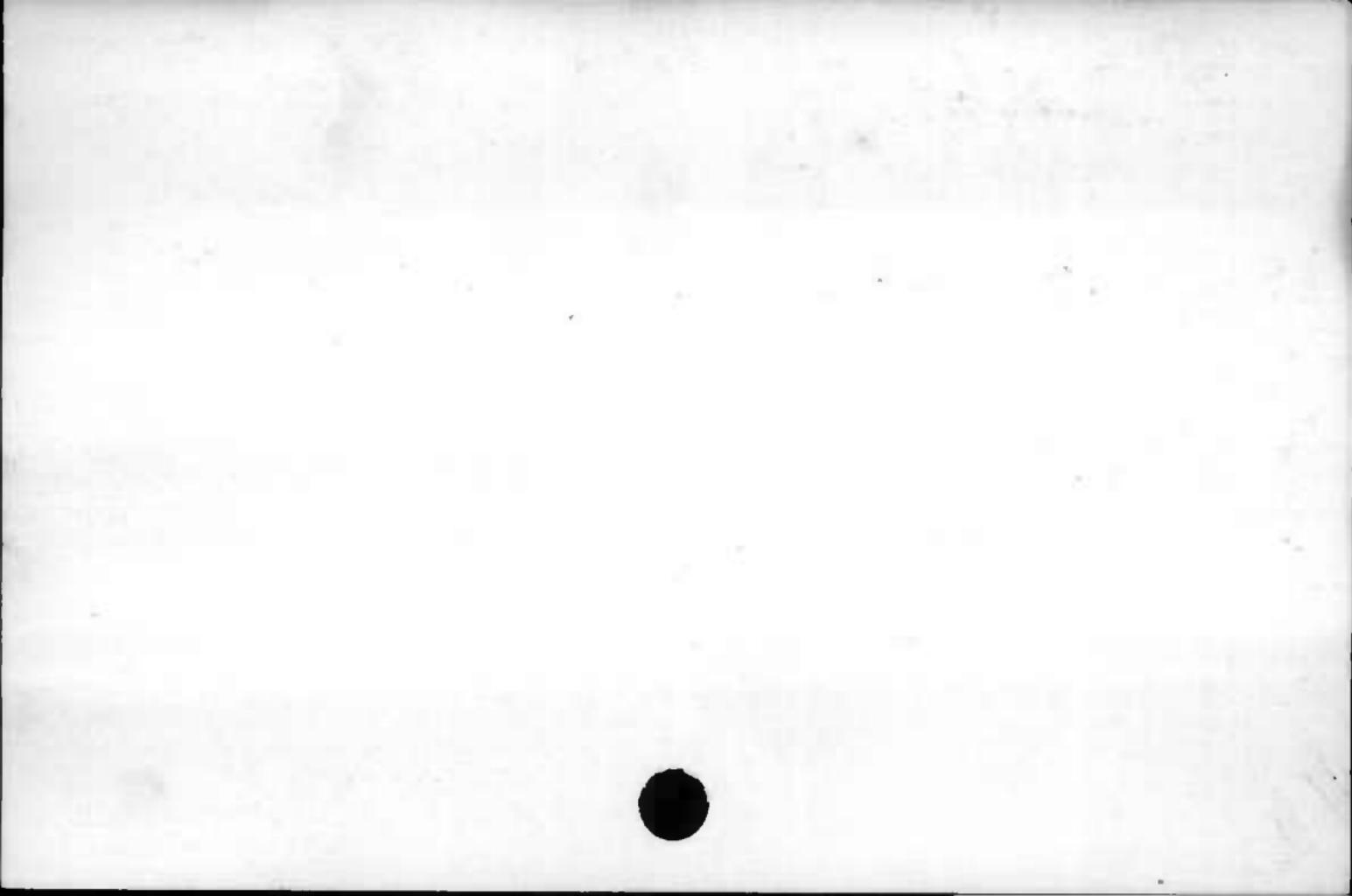
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Gorgie Power				
Mother's Maiden Name	Mary Culver				
Name of person giving information	Hed Branson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough ⑧		How long
Immediate			18 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John P Marshall
		Address	Sub Rd
Accident or Suicide?			



Name
in
Full

W. G. Roby

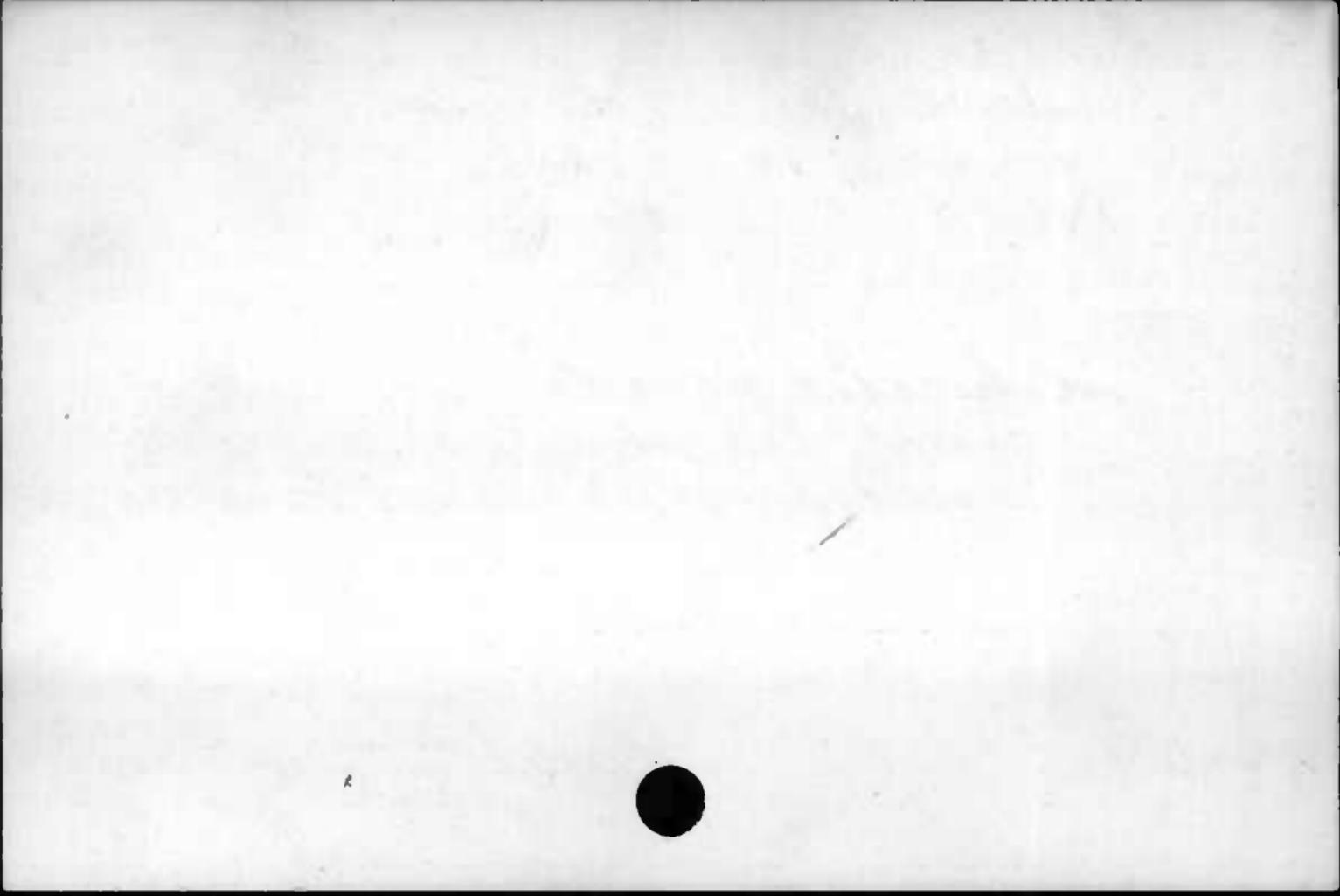
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Melvina Dillett				
Father's Name	L. Roby					Father's Birthplace
Mother's Maiden Name	Mrs Roby					Mother's Birthplace
Name of person giving information	Selmon Roby (20)					How related to deceased

CAUSES OF DEATH

Primary	Bright's disease of kidney	How long	6 months
Immediate	Exhaustion	How long	short while
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. Durrer
		Address	Wacord
Accident or Suicide?			Dad.



Name
in
Full

Sarah. Saunders

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at near Grayton		Town Grayton	County Charles	MARYLAND	
Date of death 1906	Month July	Day 18	Years 72	Months	Days
Sex Female	Color or Race Black			Birth-place Md	
Occupation			Where Residing if not at place of death		
M. H. S. <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name Charles Saunders			Father's Birthplace Md		
Mother's Maiden Name not known			Mother's Birthplace		
Name of person giving information Alexander Saunders			How related to deceased Sone		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism and old age	How long
Immediate	old age	How long
Are the name,age,sex,color,date and place correctly given above?	yes	Signature of Physician

Address

**James M Wheeler
Sub Registrar**

Accident or Suicide?

Name
in
Full

Inyelle Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Arthur, Simmons				
Mother's Maiden Name	Emma, Swanson				
Name of person giving information	George Simmons				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping cough 8
How long
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

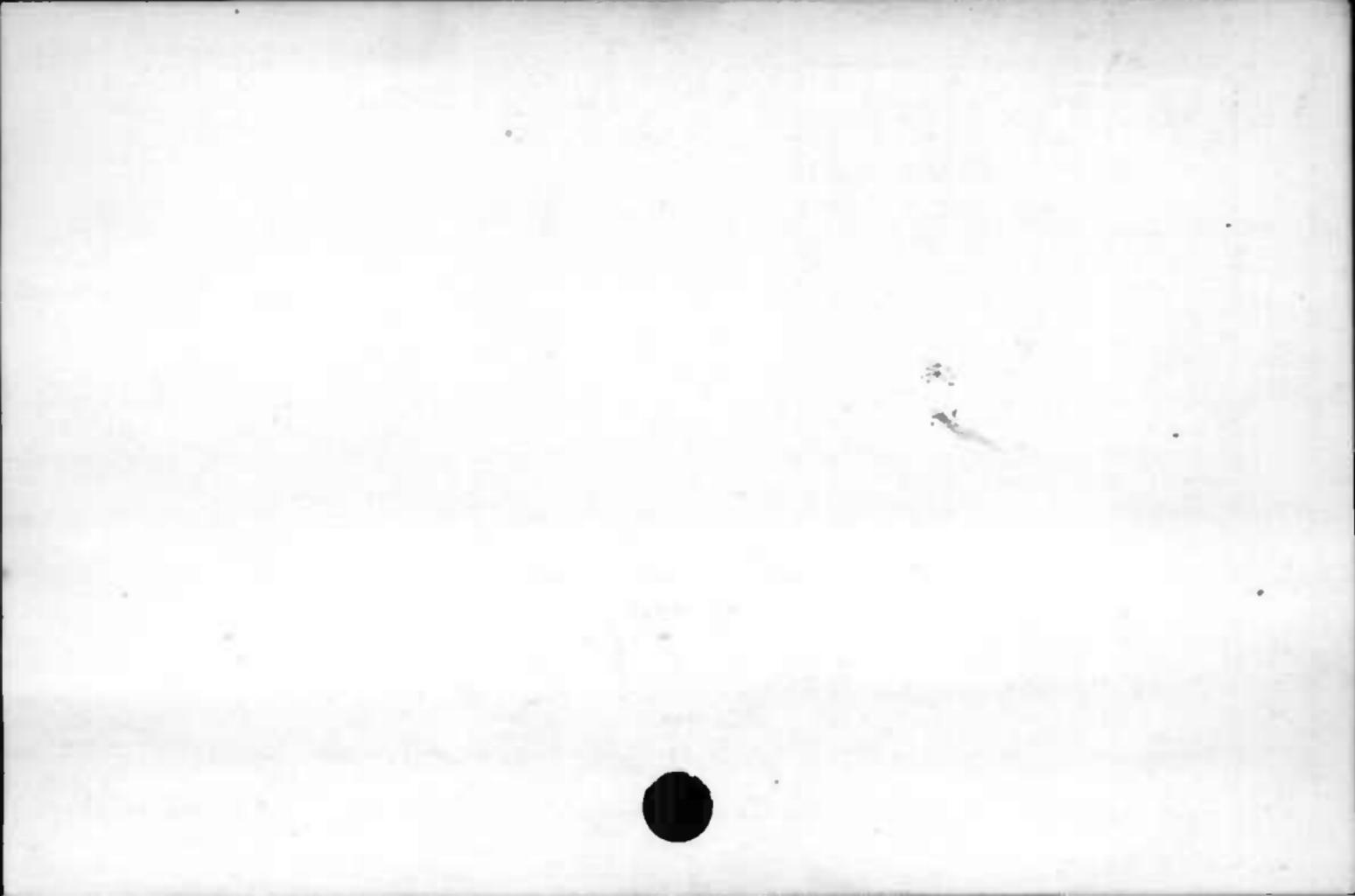
yes

Signature of Physician

Address

none attendance
James M Wheeler
Sub Registrar

Accident or Suicide?



Name
in
Full

Noel R. Simmons

CERTIFICATE OF DEATH

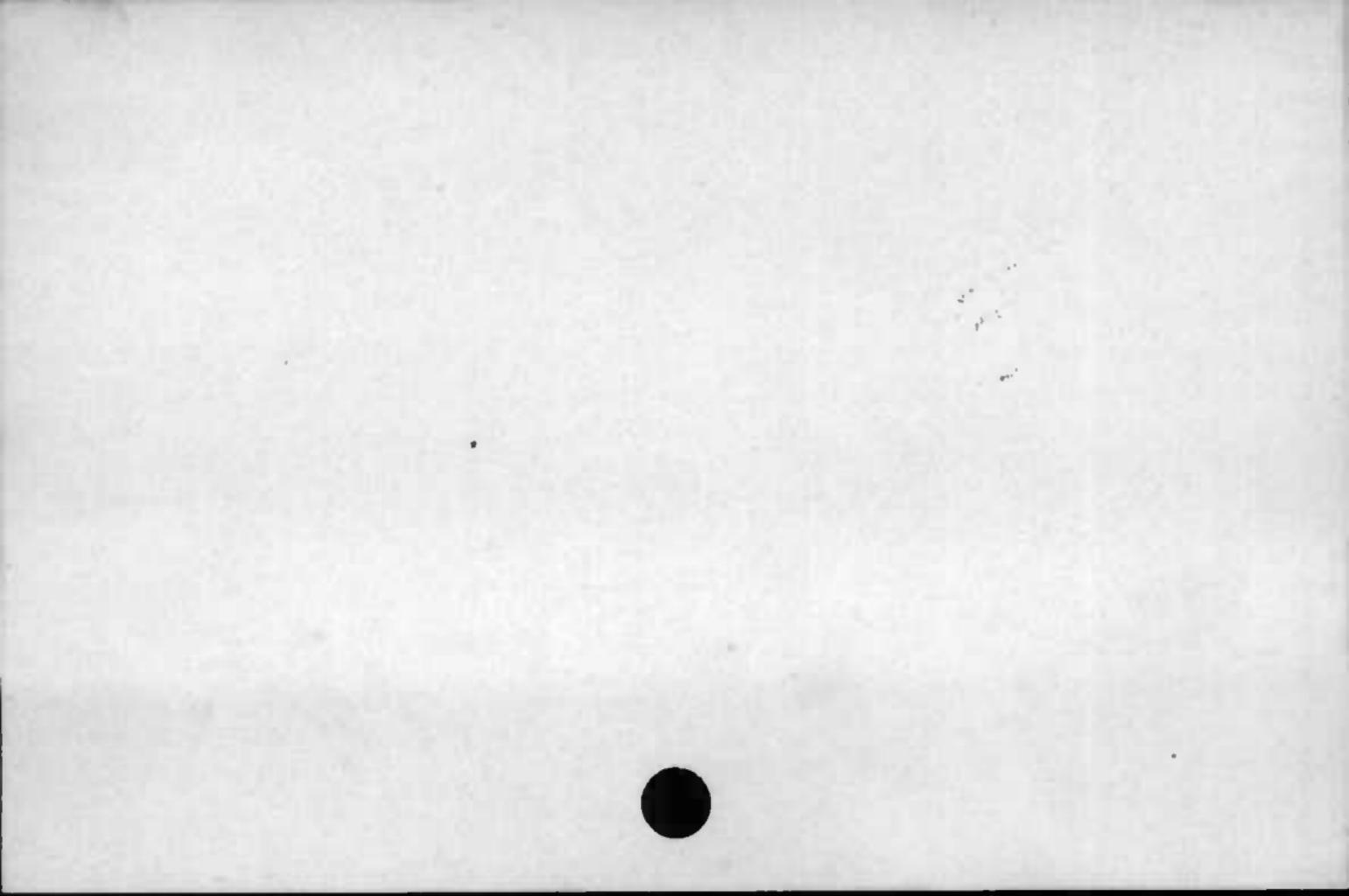
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Pisgah</i>	County <i>Charles</i>	MARYLAND		
Date of death	Month <i>July</i>	Day <i>21</i>	Years <i>56</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>American</i>	Birth- place <i>Maryland</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lola Simmons</i>				
Father's Name <i>William Simmons</i>	Father's Birthplace <i>Maryland.</i>				
Mother's Maiden Name <i>Lora Milettead</i>	Mother's Birthplace <i>Maryland.</i>				
Name of person giving Information <i>Philemon D. Clozier</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Rheumatism</i>	(41)	How long <i>About 2 weeks</i>
Immediate <i>Congestion of Lungs</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicksell,</i>	
	Address <i>Pisgah, Md.</i>	
Accident or Suicide?		



Name
in
Full

Catherine Spaulding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hill Top</i>	Town <i>Towson</i>	County <i>Charles</i>	MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>17</i>	Years Age <i>75-</i>	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Baltimore</i>	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed <i>div.</i>	Name of Wife or Husband			
Father's Name <i>W. J. Sawyer</i>	Father's Birthplace			
Mother's Maiden Name <i>Sawyer</i>	Mother's Birthplace			
Name of person giving Information <i>Sam Ward</i>	How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*Cancer**45*

How long

*Several
years*

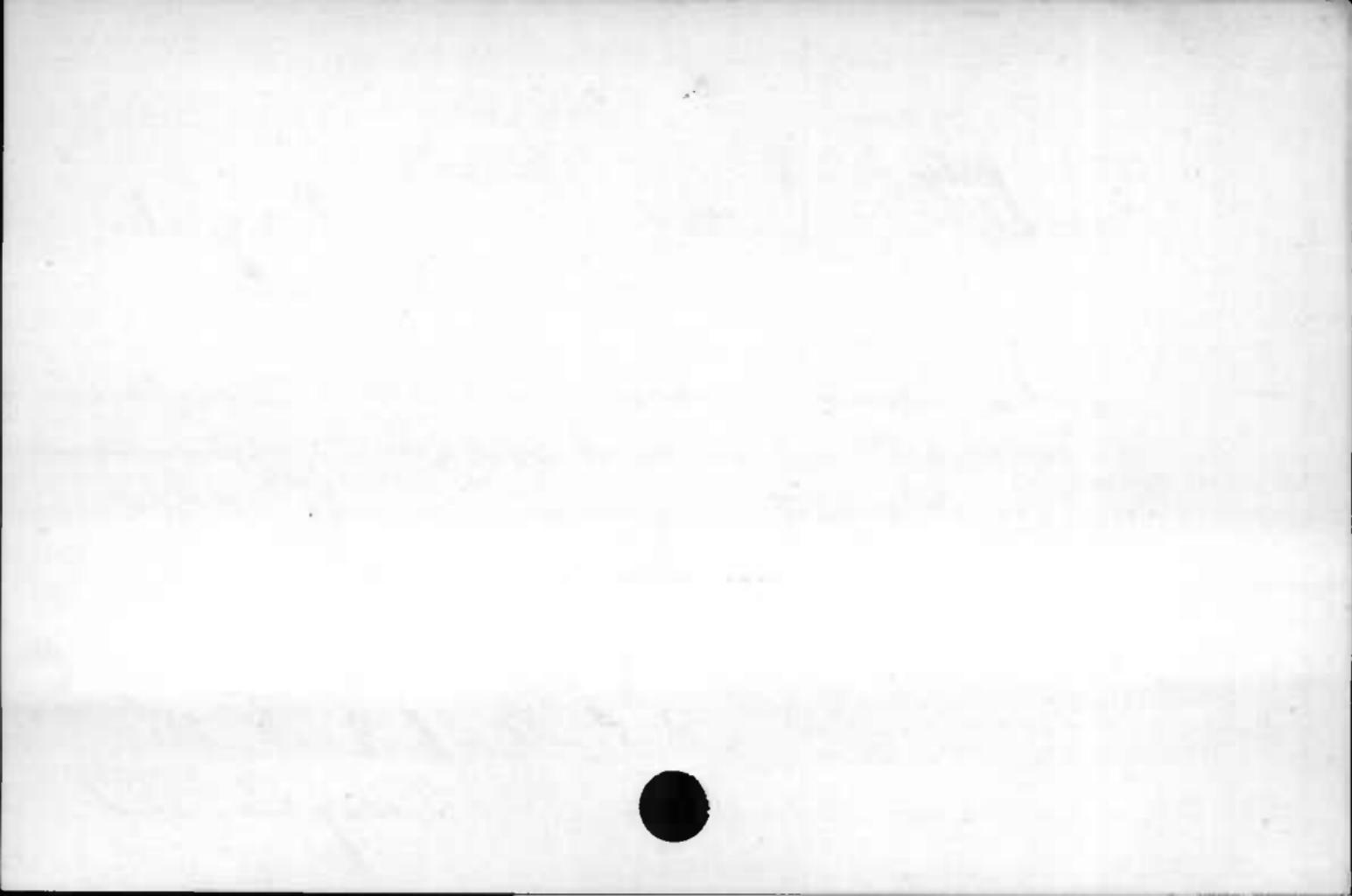
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*S. H. Speak
Graydon
ques*

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Swann		CERTIFICATE OF DEATH		
Date of death	Month	Day	Charles	MARYLAND		
1906	July	8	Years	Months	Days	
Sex	Male	Color or Race	6	Birth-place	Piagah	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Wesley Swann		Father's Birthplace Maryland			
Mother's Maiden Name	Margaret Tilton Jackson		Mother's Birthplace Maryland			
Name of person giving Information	Margaret T. Swann		How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Geo. B. Bicknell
Piagah, Md.

Accident or Suicide?



Name
in
Full

Matilda Thomas

CERTIFICATE OF DEATH

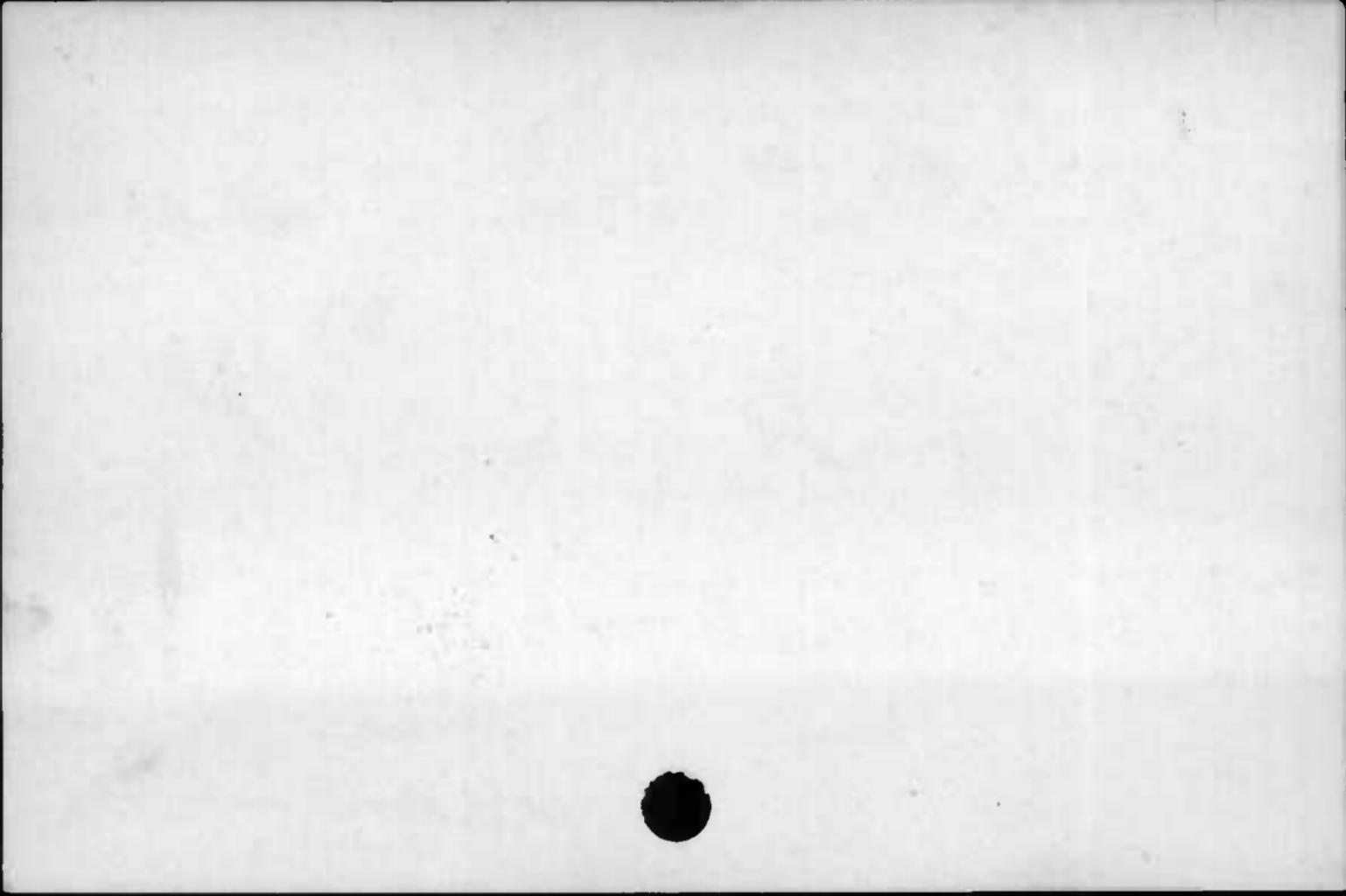
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	July	11	Age 74
Sex	Color or Race	Birth-place	
Female	African	Charles Co	
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Husband		
Married	Joe. Thomas		
Father's Name	Rot. Morris	Father's Birthplace	Charles Co
Mother's Maiden Name	Elijah C. Simmons	Mother's Birthplace	Charles Co
Name of person giving information	Joe. Thomas	How related to deceased	Husband

CAUSES OF DEATH

Primary	Lung Disease & Atherosclerosis.	How long	1 year
Immediate	Heart Enlargement	How long	9 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. F. J. Green
		Address	1311 Belair Rd Baltimore MD
Accident or Suicide?			



Name
in
Full

Sophia Hie Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at M ^o . Conchua	Charles				
Date of death 1906	Month 7	Day 20	Years —	Months 6	Days —
Sex Female	Color or Race Black	Birth-place Charles Town			
Occupation Housewife	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Lancy Warren	Father's Birthplace Charles Town				
Mother's Maiden Name Youida Johnson	Mother's Birthplace " "				
Name of person giving information Lancy Warren	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough (S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

None

Address

W. F. Brown
Sub-Roy.

Accident or Suicide?

Reported by
W.F. Brauner
Surveyor

Name
in
Full

Daisey Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town County
near River Side Charles

Date Month Day Years Months Days
of death 1906 July 28 2 2

Sex Female Color or Race Black Birth-place Md

Occupation Where Residing if not
at place of death

Married, Single
or Widowed Name of Wife or
Husband

Father's Name William Washington Father's Birthplace Md

Mother's Maiden Name Ada Washington Mother's Birthplace Md

Name of person giving information How related
to deceased

William Washington

Ada Washington

George Pencler

CAUSES OF DEATH

Primary Whooping cough How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

James M Wheeler
Sub Registrar

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Nancy Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Husband	Henry Young
Father's Name	George Penell		
Mother's Maiden Name	Eliza Dobbins		
Name of person giving information	Henry Young		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Hypt.

19

How long

2 months

Immediate

Lost Consciousness

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Effinger

Bel Alton
Md

Accident or Suicide?

